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IDENTIFIERS	Access to Health Care; *AGRICOLA

ABSTRACT

This bibliography contains 323 entries related to the provision of health care services in rural areas. The entries were derived form the AGRICOLA database produced by the National Agricultural Library and include journal articles, government reports, conference papers, Congressional hearings, and books. Entries cover such topics as community health services, elderly health care, educational programs, hospitals, health education, medical education, medical services, nutrition education, physicians, program development and evaluation, rural communities, and rural health services. Each entry contains title, author, publisher, publication date, journal or conference information (where appropriate), language, descriptors, and the National Agricultural Library call number. Some entries contain an annotation. Also included are indexes by author and subject and information about interlibrary loan from the National Agricultural Library. (LP)

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Health Care in Rural America

January 1988 - September 1993

QB 94-08

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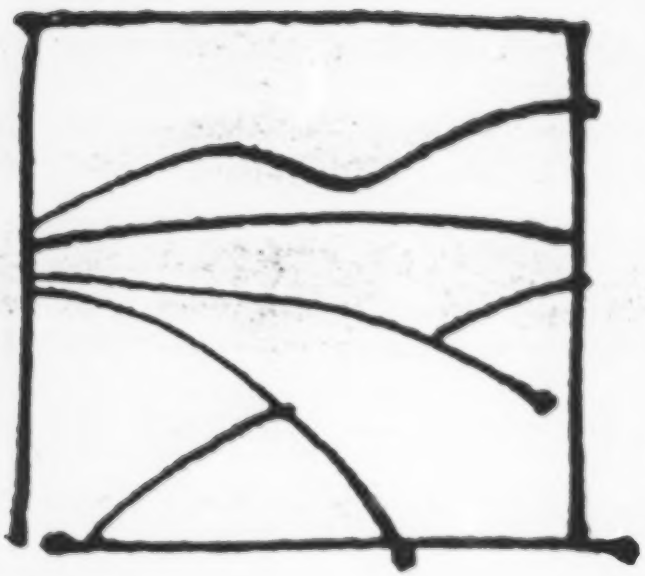

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Health Care in Rural America

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323 citations in English from AGRICOLA

Patricia La Caille John
Rural Information Center

National Agricultural Library Beltsville, Maryland 20705-2351 February 1994

National Agricultural Library Cataloging Record:

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aZ5071.N3 no.94-08

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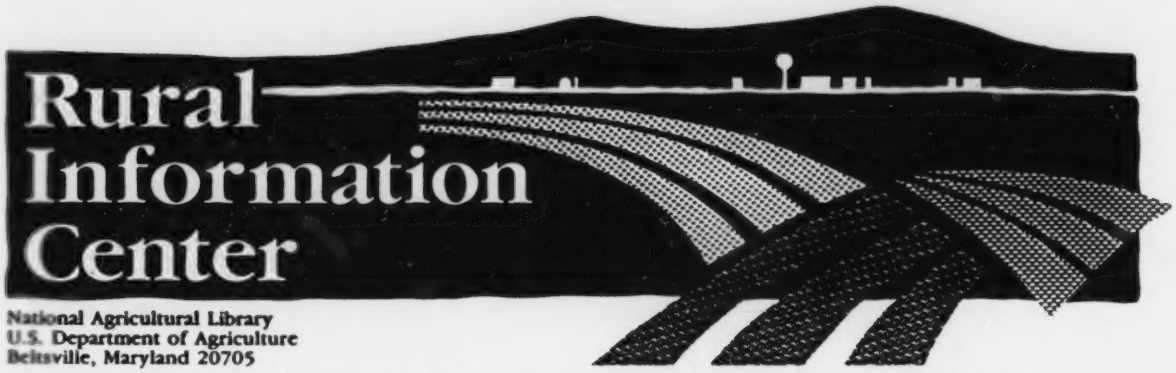

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*NAL Bulletin Board (RIC/RICHS Conference) 1-301-504-6510

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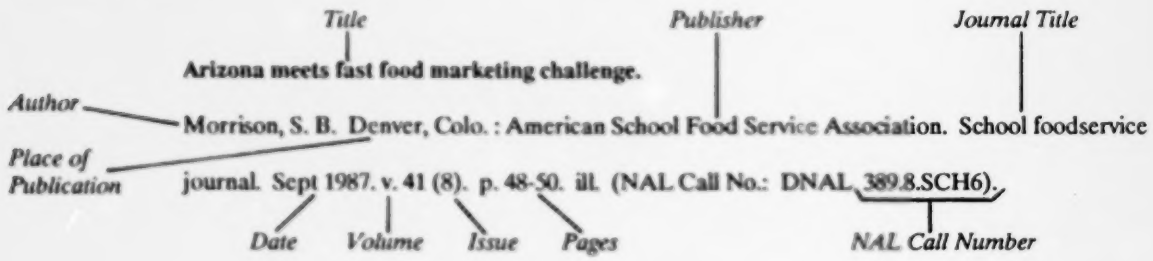
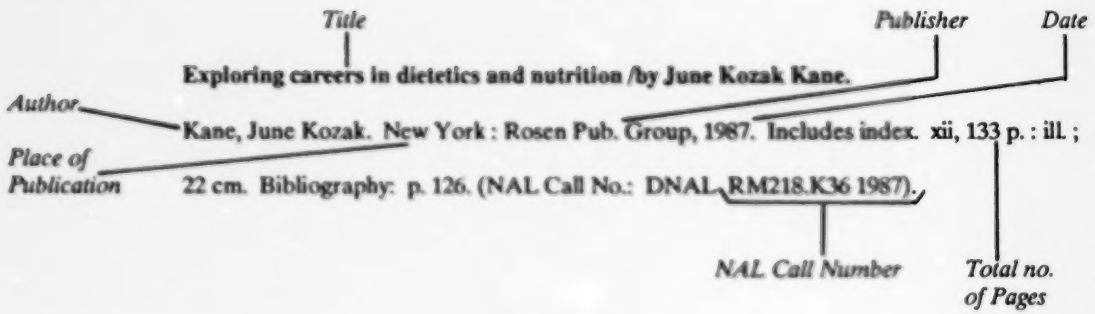
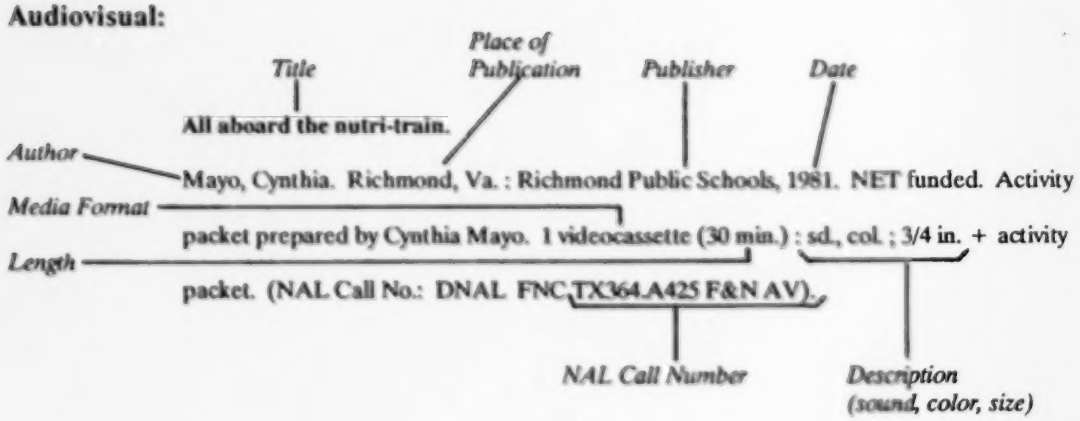


Book:


Title
Publisher
Date
Exploring careers in dietetics and nutrition /by June Kozak Kane.
Author
Kane, June Kozak. New York : Rosen Pub. Group, 1987. Includes index. xii, 133 p. : ill. ;
Place of Publication
22 cm. Bibliography: p. 126. (NAL Call No.: DNAL RM218.K36 1987).
NAL Call Number
Total no. of Pages

Audiovisual:


Title
Place of Publication
Publisher
Date
All aboard the nutri-train.
Author
Mayo, Cynthia. Richmond, Va. : Richmond Public Schools, 1981. NET funded. Activity
Media Format
packet prepared by Cynthia Mayo. 1 videocassette (30 min.) : sd., col. ; 3/4 in. + activity
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Interlibrary Loan Department
Agriculture University
Heartland, IA 56789

Dr. Smith Faculty Ag School

Canadian Journal of Soil Science 1988 v 68(1): 17-27
DeJong, R. Comparison of two soil-water models under semi-arid growing conditions
Ver: AGRICOLA
Remarks: Not available at IU or in region.
NAL CA: 56.8 C162

Auth: C. Johnson CCL Maxcost: $15.00

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2. ss ((rural or nonmetro?) and (health or hospital or hospitals or clinic? or doctor? or physician? or medical? or medicine? or medicare? or nurse or nurses or nursing))/ti,de,eng

3. py = 1988:1993

4. ss s1 and s2 and s3

1 NAL Call No: RA771.A1J68
The 1990s and beyond: determining the need for community health and primary care nurses for rural populations.
Hanson, C.M.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (4,suppl.): p. 413-426; 1991. In the series analytic: Issues and Trends in Availability of Heath Care Personnel in Rural America / edited by D.A. Kindig and T.C. Ricketts. Includes references.

Language: English

Descriptors: U.S.A.; Health care; Health services; Rural communities; Nurses; Needs assessment; Medical education; Roles; Technology; Telecommunications; Self management; Schools; Pediatrics; Elderly; Mental health; Migrants; Anesthetics; Midwives; Health care costs

Abstract: Increased numbers of primary care and advanced practice nurses with unique generalist skills will be required to meet the accelerating physiologic and sociocultural health care needs of rural population. Several factors have been identified that will influence the demands and position of community-based nurses in rural practice settings during the next decade. A back-to-basics type of health care offered out of a growing elderly population; technological breakthroughs that make it possible for more chronically ill patients to live at home; serious substance abuse and other adolescent problems; AIDS; and high infant morbidity and mortality statistics are only some of the concerns that will demand nursing intervention. These changes speak to the need for improved nursing coordination, stronger collegial relationships, and better communication between physicians and nurses. Health care is moving in new directions to offer more efficient and technologically sophisticated care. These changes enhance the need for clinically expert educators who teach and jointly practice in programs with a rural focus. Telecommunications, and heightened computer literacy, will play a major role both in nursing education and clinical practice. The goals of kindergarten through 12th grades health promotion and disease prevention strategies in school health will be the norm and will require better prepared, and positions for, school nurses. More midwives and public health nurses will be needed to care for the growing population of sexually active adolescents who are in need of family planning and prenatal care. Underinsured and indigent populations will continue to fall within the purview of midlevel practitioners, as will providing anesthesia services in small rural hospitals. The transition of some rural hospitals into expanded primary care units (e.g., EACHs and RPCHs), and new models of case management will greatly influence nursing demands.

2 NAL Call No: LC2781.W45 1991
Abstracts of research projects conducted by historically black colleges and universities, 1984-1991.
Weir, Colin C.; Prince, J. S.
United States, Agency for International Development, Center for University Cooperation in Development
Washington, D.C. : International Sceince and Technology Institute, [1991?].
vi, 64 p. : ill. ; 22 cm. Includes bibliographical references.

Language: English

Descriptors: Afro-American universities and colleges; Rural development; Agriculture; Health

3 NAL Call No: KF26.F55383 1992
Access to health care for hard-to-reach populations hearing before the Subcommittee on Health for Families and the Uninsured of the Committee on Finance, United States Senate, One Hundred Second Congress, second session, on S. 773 and S. 1227, June 30, 1992.
United States. Congress. Senate. Committee on Finance. Subcommittee on Health for Families and the Uninsured
Washington : U.S. G.P.O. : For sale by the U.S. G.P.O., Supt. of Docs., Congressional Sales Office; Y 4.F 49:S.HRG.102-1050.
iv, 60 p. ; 23 cm. (S. hrg. ; 102-1050). Distributed to some depository libraries in microfiche. Shipping list no.: 93-0202-P.

Language: English

Descriptors: Poor; Health services accessibility; Federal aid to community health services; Federal aid to rural health services

4 NAL Call No: 449.9 AM3J
Access to obstetric care in rural areas: effect on birth outcomes.
Nesbitt, T.S.; Connell, F.A.; Hart, L.G.; Rosenblatt, R.A.
Washington, D.C. : American Public Health Association.

American journal of public health v. 80 (7): p. 814-818; 1990 Jul. Includes references.

Language: English

Descriptors: Health services; Health care; Rural areas; Obstetrics; Hospitals; Community health services; Childbirth; Rural women

Abstract: Hospital discharge data from 33 rural hospital service areas in Washington State were categorized by the extent to which patients left their local communities for obstetrical services. Women from communities with relatively few obstetrical providers in proportion to number of births were less likely to deliver in their local community hospital than women in rural communities with greater numbers of physicians practicing obstetrics in proportion to number of births. Women from these high-outflow communities had a greater proportion of complicated deliveries, higher rates of prematurity, and higher costs of neonatal care than women from communities where most patients delivered in the local hospital.

5 **NAL Call No: RA771.5.L36 1989**

Access to obstetrical services in rural communities a response to the liability crisis in North Carolina.

Langholz, Richard; Ricketts, Thomas C.

United States, Health Resources and Services Administration, Office of Rural Health Policy, University of North Carolina at Chapel Hill, Health Services Research Center

Chapel Hill, NC : Health Services Research Center, University of North Carolina at Chapel Hill,. 40 leaves ; 28 cm. November 1989. The University of North Carolina Rural Health Research program. ... supported by the Office of Rural Health Policy, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services, grant number HA-R-000016-02. Includes bibliographical references: (leaves 36-40).

Language: English

Descriptors: Rural health services; Obstetricians; Insurance, Physicians' liability

Abstract: This paper analyzes the current medical malpractice crisis by focusing on a policy initiative by the State of North Carolina designed to alleviate the problem. Particular emphasis is given to its effects on family physicians and the delivery of obstetrical services. Rising malpractice premiums are causing many family physicians and obstetricians to find it financially impossible to provide obstetrical care. This is especially evident in rural areas, where family physicians are often the only source of obstetrical care, and where obstetricians tend to practice solo or in small groups without the technical backup provided by large, metropolitan medical centers. In response to this growing trend, the North Carolina General Assembly in 1988 passed the Rural Obstetrical Care Incentive Bill (ROCI), designed to encourage practitioners to provide obstetrical care in underserved areas. In return for these services, the state compensates physicians for the difference between the costs of malpractice with and without obstetrical practice, or $6,500, whichever is less. This paper outlines the context of that program in North Carolina and suggests approaches for its evaluation and application in other states.

6 **NAL Call No: HD1775.V8H6**

Access to rural health care.

Obidiegwu, J.; Alwang, J.

Blacksburg, Va. : Rural Economic Analysis Program.

Horizons v. 5 (3): 4 p.; 1993 May. Includes references.

Language: English

Descriptors: U.S.A.; Virginia; Health care; Access; Rural areas

7 **NAL Call No: 151.65 P96**

Addressing barriers to perinatal care: a case study of the Access to Maternity Care Committee in Washington State.

Schleuning, D.; Rice, G.; Rosenblatt, R.A.

Washington, D.C. : Public Health Service.

Public health reports v. 106 (1): p. 47-52; 1991 Jan. Includes references.

Language: English

Descriptors: Washington; Maternity services; Puerperium; Obstetrics; Rural communities; Health programs; Program development; Committees; Case studies

Abstract: Access to obstetrical services has deteriorated in recent years, as large numbers of physicians have discontinued or restricted obstetrical practice. In Washington State, one response to this access crisis has been the establishment of the Access to Maternity Care Committee (AMCC), an ad hoc group composed primarily of private sector obstetrical providers and representatives of State

government responsible for the delivery of health care to women and children. The major objective of the AMCC is to improve access to obstetrical services for socially vulnerable women, both rural inhabitants and the medically indigent. The committee has been successful in serving as a forum in which to resolve many of the administrative problems that have arisen between private sector obstetrical providers and the State's Medicaid Program, the major source of payment for the one-third of pregnant women who are medically indigent. Building upon the trust that the committee members developed in working together, the AMCC served as a major force in persuading the State legislature to expand substantially its investment in perinatal care by increasing Medicaid eligibility, raising provider reimbursement, and improving social services for pregnant women. Such ad hoc coalitions between the private and public sector may be quite effective in addressing obstetrical access problems in other States.

8 NAL Call No: 6 F2212
Adult sitters: Latest wrinkle in rural health care.
Braun, D.
Philadelphia : The Journal.
Farm journal v. 112 (3): p. 32-33. ill; 1988 Feb.

Language: English

Descriptors: Georgia; Vermont; Cooperative extension service; Health; Rural sociology

9 NAL Call No: RA771.A1J68
AIDS and drug abuse in rural America.
Steel, E.; Haverkos, H.W.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (1): p. 70-73; 1992. Includes references.

Language: English

Descriptors: U.S.A.; Acquired immune deficiency syndrome; Substance abuse; Rural areas; Human immunodeficiency virus; Disease transmission; Disease prevention; Health services; Medical treatment

Abstract: This paper reviews the nature and extent of drug abuse-related HIV disease services in the rural United States. Issues concerning the delivery of HIV disease and substance abuse health care services in rural settings are outlined and discussed.

10 NAL Call No: HV85.H85
AIDS education for rural IV drug users in Montana.
Birch, M.; Trankel, M.A.
Cheney, WA : Eastern Washington University.
Human services in the rural environment v. 15 (2): p. 5-11; 1991. Includes references.

Language: English

Descriptors: Montana; Acquired immune deficiency syndrome; Rural communities; Substance abuse; Intravenous drug users; Sexual behavior; Regional surveys; Health education

11 NAL Call No: RA771.A1J68
Alternative models for the delivery of rural health care: a case study of a western frontier state.
Baldwin, D.C. Jr; Rowley, B.D.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 6 (3): p. 265-272; 1990 Jul. Includes references.

Language: English

Descriptors: Nevada; Health care; Health services; Models; Rural communities; Case studies; Groups; Rural population

Abstract: This is a case study illustrating the wide variety of models for rural health care delivery found in a western "frontier" state. In response to a legislative mandate, the University of Nevada School of Medicine created the Office of Rural Health in 1977. Utilizing a cooperative, community development approach, this office served as a resource, as well as a catalyst, in the development and expansion of a variety of alternative practice models for health care delivery to small, underserved rural communities. These models included small, single, and multispecialty group practices; self-supporting and subsidized solo practices;contract physicians; midlevel practitioners; and National Health Service Corps personnel. The rural health care system that was created featured regional and consortial arrangements, urban and medical school outreach programs, and a "flying doctor" service.

12 NAL Call No: RA771.A1J68
Alternative models for the delivery of rural health services.
Christianson, J.B.; Grogan, C.M.
Kansas City, Mo. : National Rural Health Association.

The Journal of rural health v. 6 (4): p. 419-436; 1990 Oct. In series analytic: A Decade of Rural Health Research: Looking Back, Thinking Ahead / edited by R.T. Coward, J.W. Dwyer and M.K. Miller. Literature review. Includes references.

Language: English

Descriptors: U.S.A.; Health care; Rural areas; Models; Community health services; Health centers; Health maintenance organizations; Research; Literature reviews

13 NAL Call No: RA771.A1J68
America's rural hospitals: a selective review of 1980s research.
Mick, S.S.; Morlock, L.L.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 6 (4): p. 437-466; 1990 Oct. In series analytic: A Decade of Rural Health Research: Looking Back, Thinking Ahead / edited by R.T. Coward, J.W. Dwyer and M.K. Miller. Literature review. Includes references.

Language: English

Descriptors: U.S.A.; Hospitals; Health centers; Health services; Rural areas; Management; Administration; Operating costs; Diversification; Case studies; Marketing techniques; Research; Literature reviews

14 NAL Call No: HD1775.O5O3
An analysis of demand for general practitioner services in Blackwell, Oklahoma.
Kleinholz, S.; Doeksen, G.A.; Ralstin, S.; Price, S.L.; Fleck, L.; Shelton, P.; Leavitt, D.
Stillwater, Okla. : The Department.
A. E. - Oklahoma State University, Department of Agricultural Economics (9111): 8 p.; 1991 Feb. Includes references.

Language: English

Descriptors: Oklahoma; Rural communities; Demand; Medical services; Physicians; Rural areas

15 NAL Call No: HD1775.O5O3
An analysis of demand for general practitioner services in Pawnee, Oklahoma.
Kleinholz, S.; Doeksen, G.A.; Waters, M.T.; Shelton, P.; Leavitt, D.
Stillwater, Okla. : The Department.
A. E. - Oklahoma State University, Department of Agricultural Economics (9134): 7 p.; 1991 Apr. Includes references.

Language: English

Descriptors: Oklahoma; Physicians; Medical services; Demand; Rural areas

16 NAL Call No: HD1775.O5O3
An analysis of demand for general practitioner services in Pryor, Oklahoma.
Kleinholz, S.; Doeksen, G.A.; Fimple-Mayes, S.; Shelton, P.; Leavitt, D.
Stillwater, Okla. : The Department.
A. E. - Oklahoma State University, Department of Agricultural Economics (9133): 9 p.; 1991 Apr. Includes references.

Language: English

Descriptors: Oklahoma; Physicians; Medical services; Demand; Rural areas

17 NAL Call No: HD1775.O5O3
An analysis of emergency medical services for Canton-Longdale.
Sloggett, G.; Doeksen, G.A.; Ralstin, S.; Sauter, M.; Manley, E.; Hays, M.
Stillwater, Okla. : The Department.
A. E. - Oklahoma State University, Department of Agricultural Economics (8946): 15 p.; 1989 May. Includes references.

Language: English

Descriptors: Oklahoma; Medical services; Rural areas; Emergencies; Descriptive statistics; Ratios; Demography; Cost analysis

18 NAL Call No: HD1775.O5O3
An analysis of emergency medical services in Rogers County, Oklahoma.
Kleinholz, S.; Doeksen, G.A.; Henderson, C.E.; Allison, L.D.; Manley, E.; Mann, J.T.
Stillwater, Okla. : The Department.
A. E. - Oklahoma State University, Department of Agricultural Economics (9047): 23 p.; 1990 May. Includes references.

Language: English

Descriptors: Oklahoma; Medical services; Emergencies; Counties; Rural communities; Health care costs; Cost analysis; Funds

19 NAL Call No: HT101.S52
The ARCH demonstration project: enhancing rural health care through community development.
Ludtke, R.L.; Cochran, C.; Geller, J.M.; Fick-

enscher, K.M.; Hart, J.P.
Ellensburg, Wash. : Small Towns Institute :.
Small town v. 19 (4): p. 15-21. ill; 1989 Jan. Includes references.

Language: English

Descriptors: North Dakota; Rural areas; Health care; Community development; Program development; Models; Program evaluation

20 NAL Call No: RA771.A1R87 no.7
Are rural family physicians less likely to stop practicing obstetrics than their urban counterparts the impact of malpractice claims.
Rosenblatt, Roger A.
Seattle, Wash. : WAMI Rural Health Research Center, Dept. of Family Medicine, Research Section, University of Washington,.
22 leaves ; 28 cm. (Rural health working paper series ;). "April, 1990", Cover. Includes bibliographical references (leaves 16-17).

Language: English

Abstract: We studied all family physicians who purchased obstetrical malpractice insurance from the Washington State Physicians Insurance Exchange and Association (WSPIEA) between January 1, 1982, and June 30, 1988. Of the 470 family physicians in the sample, 149 (32 percent) discontinued obstetrics but remained in practice. Physicians who discontinued obstetrical practice were older, more likely to practice in an urban area, and more likely to be in solo practice. Family physicians in the state's 12 most rural counties were much less likely to quit practicing obstetrics than their urban peers. Family physicians leaving obstetrics had a lower rate of new obstetrical malpractice claims than their peers who did not quit, though the difference was not statistically significant. We conclude that rural family physicians are less likely to quit practicing obstetrics than their urban colleagues. Obstetrically related medical malpractice claims against family physicians are relatively infrequent, and being involved in a medical malpractice claim is not a factor in the decision of most family physicians who stop practicing obstetrics.

21 NAL Call No: RA771.6.A6M6 no.26
Arizona rural hospital chartbook.
Lopes, Phillip M.
Southwest Border Rural Health Research Center Tucson, Ariz. : Southwest Border Rural Health Research Center, College of Medicine, University of Arizona; UA 24.2:R 86.
ii, 48 leaves : maps, charts ; 28 cm. (Monograph / Southwest Border Rural Health REsearch Center; no. 26). January 1991. Includes bibliographical references (leaf 47).

Language: English

Descriptors: Rural health services; Medical economics

22 NAL Call No: RA771.A1J68
An assessment of Rural hospital trustees' health care knowledge base.
Rosenthal, T.C.; Doemland, M.; Parisella, J.S.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (1): p. 13-22; 1991. Includes references.

Language: English

Descriptors: New York; Health centers; Hospitals; Rural areas; Volunteers; Leadership; Management; Knowledge; Roles; Sex differences; Age differences; Services; Duration; Time

23 NAL Call No: RA771.A1J68
Author and subject index, 1985-1989.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 6 (1): p. 71-94; 1990 Jan.

Language: English

Descriptors: U.S.A.; Health care; Rural areas; Journals; Indexes

24 NAL Call No: RA771.A1J68
Availability and accessibility of rural health care.
Hicks, L.L.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 6 (4): p. 485-505; 1990 Oct. In series analytic: A Decade of Rural Health Research: Looking Back, Thinking Ahead / edited by R.T. Coward, J.W. Dwyer and M.K. Miller. Literature review. Includes references.

Language: English

Descriptors: U.S.A.; Health care; Health services; Rural areas; Dentists; Nurses; Physicians; Research; Literature reviews

25 NAL Call No: LB3401.A57
Ayude Su Corazon: A health education project in rural California.

Oto-Kent, D.; Lee, M.; Gonzalez, D.
Reston, Va. : American Alliance for Health, Physical Education, Recreation & Dance.
Journal of health education v. 22 (5): p. 321-324, 332. charts; 1991 Sep. Includes references.

Language: English

Descriptors: California; Health education; Rural areas; Mortality; Ethnicity; Cardiovascular diseases; Neoplasms; Risk; Bilingual education; Community programs; Screening; Information services; Hispanics

Abstract: This article describes the Ayude Su Corazon/Help your Heart Community Coalition Project, a bilingual English/Spanish heart disease education and screening program, funded by the U.S. Public Health Service, Office of Minority Health (OMH) from October, 1988 through February, 1991. Methodology, strategies and results are discussed.

26 NAL Call No: HC107.A13A6
The Bakersville Clinic: caring for a Community.
Hawthorne, A.
Washington, D.C. : Appalachian Regional Commission.
Appalachia v. 23 (1): p. 30-35. ill; 1990.

Language: English

Descriptors: North Carolina; Rural communities; Health programs; Funds; Community action; Case studies

27 NAL Call No: RA771.A1J68
Barriers to the retention of registered and licensed practical nurses in small rural hospitals.
Szigeti, E.; Laxdal, S.; Eberhardt, B.J.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (3): p. 266-277; 1991. Includes references.

Language: English

Descriptors: North Dakota; Nurses; Rural areas; Hospitals; Labor turnover; Prediction; Work satisfaction; Constraints; Roles; Shift work

Abstract: The availability of nursing resources is one of the most critical issues facing health care organizations in the country. The study investigated the potential factors that relate to the desire of registered nurses (RNs) and licensed practical nurses (LPNs) to continue practicing in rural hospitals of North Dakota. All RNs and LPNs who worked in North Dakota hospitals with fewer than 100 beds (490 hospitals) were mailed survey questionnaires. Approximately eight weeks later, responses were received from 291 respondents for an overall return rate of 59 percent. Correlational analyses were used to examine the subjects' responses. A moderate relationship was found among the work-related variables. Overall job satisfaction and performance constraints were the only variables to make significant contributions to the prediction of turnover intention for both RNs and LPNs. Overall job satisfaction accounted for the largest percentage of the variance ($R2=0.42$ and $R2=0.44$) for RNs and LPNs, respectively. Satisfaction with promotion was the only work-related variable to make a significant contribution to the prediction of turnover intention for RNs ($R2=0.23$). Performance constraints, role ambiguity, and shift worked were the only work-related variables contributing to the prediction of turnover for LPNs. These results are discussed in terms of their implications for the management of RNs and LPNs in rural hospitals. Clinical ladders for promotions, the identification of potential performance constraints, and supervisory training are suggested as target areas in which rural hospitals might focus attention for managing turnover in RNs and LPNs.

28 NAL Call No: KF25.E2 1989f
Better health care for rural America hearing before the Joint Economic Committee, Congress of the United States, One Hundred First Congress, first session, December 13, 1989.
United States. Congress. Joint Economic Committee
Washington [D.C.] : U.S. G.P.O. : For sale by the Supt. of Docs., Congressional Sales Office, U.S. G.P.O.; Y 4.Ec 7:H 34/9.
iii, 86 p. : ill. ; 24 cm. (S. hrg. ; 101-595). Distributed to some depository libraries in microfiche. Includes bibliographical references (p. 61).

Language: English

Descriptors: Rural health services; United States; Federal aid to rural health services; United States; Hospital, Rural; United States; Finance

29 NAL Call No: Z6675.R9B5
Bibliographic listing of rural health professions educational strategies study of models to meet rural health care needs through mobilization of health professions education and services resources.

Cocowitch, Victor
National Rural Health Association (U.S.),Kalamazoo Center for Medical Studies
Kalamazoo? : The Center,.
iii, 130 leaves ; 28 cm. Cover title. "Prepared as part of contract HRSA/BHPr. February 15, 1990. Includes index.

Language: English

Descriptors: Rural health services

30 NAL Call No: RA771.A1J68
Birthweight-specific mortality: Important inequalities remain.
Baker, S.L.; Kotelchuck, M.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (2): p. 155-170; 1989 Apr. Includes references.

Language: English

Descriptors: Massachusetts; South Carolina; Neonatal mortality; Low birth weight infants; Rural areas; Rural urban relations; Blacks; Poverty; Medical services

31 NAL Call No: RC276.M65 1991
Cancer in rural versus urban populations a review.
Monroe, Adele C.; Ricketts, Thomas C.; Savitz, Lucy A.
University of North Carolina at Chapel Hill, Health Services Research Center
Chapel Hill, NC : Health Services Research Center, University of North Carolina at Chapel Hill,.
25 leaves ; 28 cm. September, 1991. "The University of North Carolina Rural Health Research program", Cover. Support for this study was provided by the U.S. Office of Rural Health Policy, Health Resources and Services Administration, Public Health Service, U.S. D.H.H.S, Grant Number HA-R-000016-03. Includes bibliographical references (leaves 19-25).

Language: English

Descriptors: Cancer; Rural health services; Urban health

Abstract: Rural and urban cancer mortality, when adjusted for age, race, and sex, show urban areas with higher rates. This appears to contradict other evidence that reveals rural populations at a disadvantage in access to health services, especially specialty services including cancer care. This article reviews published research that compares urban and rural cancer rates, measures of access, and prevention activities. Published studies show that there are differences in access between urban and rural populations when measured by stage at which cancer is diagnosed. Mortality rates, however, with a few exceptions, are lower in rural areas. There are a number of reasons why these results may not reflect the actual risk from cancer morbidity and mortality in rural areas when compared to urban areas. Research is necessary to explore the underlying rates of outcomes for cancer patients in rural versus urban areas in light of the improvement of cancer treatments and their concentration in urban places.

32 NAL Call No: HT401.S72
Case studies: examples of innovative infrastructure financing and delivery systems.
Mississippi State, Miss. : The Center.
SRDC series - Southern Rural Development Center (128): 127 p.; 1990 Apr. Includes references.

Language: English

Descriptors: U.S.A.; Rural communities; Infrastructure; Finance; Air transport; Small businesses; Medical services; Fire prevention; Industrial sites; Public parks; Recreation; Public schools; Public services; Social services; Solid wastes; Waste disposal

33 NAL Call No: RA771.A1J68
Causes and consequences of rural small hospital closures from the perspectives of mayors.
Hart, L.G.; Pirani, M.J.; Rosenblatt, R.A.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (3): p. 222-245; 1991. Includes references.

Language: English

Descriptors: U.S.A.; Hospitals; Rural areas; Health care; Health services; Social impact; Economic impact

Abstract: Mayors of rural towns whose small general hospitals closed between 1980 and 1988 were surveyed. Only hospitals that were the sole hospitals in their towns and that had not reopened were included in the survey. Of the 132 hospitals meeting these criteria, 130 (98.5%) of the mayors of their communities responded to the survey. The typical study hospital had 31 beds, with an average daily census of 12. Three fourths of the hospital closures were in the North-central and South

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census regions. Half of the hospital closures were for hospitals that were 20 miles or more from another hospital. Mayors attributed the closure of their hospitals primarily to governmental reimbursement policies, poor hospital management and lack of physicians. To a lesser extent, they also implicated competition from other hospitals, reputation for poor quality care, lack of provider teamwork, and inadequate hospital board leadership. Respondents reported they had little warning that their hospitals were in imminent danger of closing. Warnings of six months or less were reported by 49 percent of the mayors; only 33 percent of mayors of towns with for-profit hospitals reported having more than six months warning. Of the 132 hospital buildings that closed, only 38 percent were not in use in some capacity in the summer of 1989. Most were being utilized as some form of health care facility such as an ambulatory clinic, nursing home, or emergency room. More than three fourths of the mayors felt access to medical care had deteriorated in their communities after hospital closure, with a disproportionate impact on the elderly and poor. Nearly three fourths of the mayors also perceived that the health status of the community was worse because of the hospital closure, and more than 90 percent felt it had substantially impaired the community's economy.

34 **NAL Call No: 500 M663**

The change in factors affecting physician choice of practice location: a comparison of younger and older rural and metropolitan physicians.

Breu, T.M.

St. Paul, Minn. : The Academy.

Journal of the Minnesota Academy of Science v. 53 (2): p. 10-13; 1988. Includes references.

Language: English

Descriptors: Minnesota; Medical services; Physicians; Practice; Rural areas; Urban areas; Age

35 **NAL Call No: RA771.5.F56**

The changing rural population and health care demands in the Midwest.

Lasley, P.

New York : Praeger.

Financing rural health care / edited by LaVonne Straub and Norman Walzer. p. 1-23; 1988. Includes references.

Language: English

Descriptors: North central states of U.S.A.; Western states of U.S.A.; Rural population; Population change; Health care; History; Rural economy; Farm closures; Projections; Social welfare; Unemployment; Demography; Trends

36 **NAL Call No: HN59.2.A45**

The character and prospects of rural community health and medical care.

Clarke, L.L.; Miller, M.K.

Boulder, Colo. : Westview Press.

American rural communities / edited by Albert E. Luloff and Louis E. Swanson. p. 74-105; 1990. (Westview special studies in contemporary social issues).

Language: English

Descriptors: U.S.A.; Rural communities; Community health services; Medical treatment; Personnel; Facilities; Availability; Economic resources; Usage; Health; Literature reviews

37 **NAL Call No: RA771.5.H3**

The characteristics and performance of rural hospitals: findings from the multi hospital systems study.

Shortell, S.M.

Washington, D.C. : National Governors' Association.

Health issues in rural America / by Rick Curtis ... [et al.]. p. 53-71; 1988. Includes references.

Language: English

Descriptors: U.S.A.; Rural welfare; Hospitals; Characteristics; National surveys; Public services; Performance; Rural urban relations; Systems analysis

38 **NAL Call No: RA771.5.C43 1990**

Chartbook on health care in rural America background paper.

United States, Congress, Office of Technology Assessment

Washington, D.C. : Congress of the U.S., Office of Technology Assessment,.

1 v. : chiefly ill., maps ; 29 cm. October 1990. Based on data presented in the OTA report, Health care in rural America (September 1990).

Language: English

Descriptors: United States; Rural conditions; Health aspects; Rural health services; Hospitals, Rural; Federal aid to rural health services

39 NAL Call No: RA771.A1J68
Children and pregnant women.
Lawhorne, L.; Zweig, S.; Tinker, H.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 6 (4): p. 365-377; 1990 Oct. In series analytic: A Decade of Rural Health Research: Looking Back, Thinking Ahead / edited by R.T. Coward, J.W. Dwyer and M.K. Miller. Literature review. Includes references.

Language: English

Descriptors: U.S.A.; Rural women; Pregnancy; Children; Health care; Health insurance; Maternity services; Demography; Rural areas; Poverty; Hospitals; Research; Literature reviews

40 NAL Call No: LC5146.R87
Children with disabilities in rural areas: the critical role of the special education teacher in promoting independence.
Smith, Q.W.; Fasser, C.E.; Wallace, S.; Richards, L.K.; Potter, C.G.
Las Cruces, NM : New Mexico State University.
Rural special education quarterly v. 11 (1): p. 24-30; 1992. Includes references.

Language: English

Descriptors: U.S.A.; Handicapped children; Special education; Rural areas; Living conditions; Self care; Health care; Teachers; Daily living skills

41 NAL Call No: RA771.A1J68
Closure of rural hospital obstetric units in Missouri.
Lawhorne, L.; Zweig, S.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (4): p. 336-342; 1989 Oct. Includes references.

Language: English

Descriptors: Missouri; Obstetrics; Rural areas; Hospitals; Closures

42 NAL Call No: A00127
Come on in, the water's just fine.
Cordes, S.M.
Philadelphia, PA : Hanley & Belfus.
Academic medicine v. 65 (12,suppl.): p. S1-S9; 1990 Dec. Paper presented at the 1990 Invitational Symposium "Rural Health: A challenge for Medical Education," February 1-3, 1990, San Antonio, Texas. Includes references.

Language: English

Descriptors: U.S.A.; Health care; Rural areas; Rural environment; Diversity; Population dynamics; Economic development; Medical education

Abstract: Rural America is dynamic and challenging, and it is vastly different from what it was midway through the century. Unfortunately, many people, including policymakers, have a very outmoded picture of what today's rural America is really like. This paper begins by exploding seven common myths about rural America. Next, three characteristics of the rural environment, diversity, sparse population, and interdependency with broader social and economic forces, are examined in relation to health care delivery and medical education. The contribution of health care to the economic needs of rural America is also explored. The paper closes by noting both altruistic and self-serving motives for the medical education establishment to become more concerned and involved in rural health issues.

43 NAL Call No: RA771.6.T4W34 1992
Community assessment, health care, and you a handbook for the concerned rural Texan., [Rev. ed.].
Walker, Mary; Breuer, Sara
Health Care Options for Rural Communities (Project),Texas Rural Communities, Inc, Lyndon B. Johnson School of Public Affairs
Austin, Tex. : Health Care Options for Rural Communities,.
57 p. ; 28 cm. A cooperative project of Texas Rural Communities, Inc. and the LBJ School of Public Affairs. January 1992.

Language: English

Descriptors: Rural health; Rural health services

44 NAL Call No: RA645.3.H65
Community care workers in rural southern Illinois: job satisfaction and implications for employee retention.
Roberts, D.N.; Sarvela, P.D.
Binghamton, N.Y. : The Haworth Press.
Home health care services quarterly v. 10 (3/4): p. 93-115; 1989. Includes references.

Language: English

Descriptors: Illinois; Careproviders; Work satisfaction; Community health services; Elderly; Rural areas

45 NAL Call No: RA771.A1J68
Community financed and operated health services: the case of the Ajo-Lukeville Health Service District.
Lopes, P.M.; Nichols, A.W.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 6 (3): p. 273-285; 1990 Jul. Includes references.

Language: English

Descriptors: Arizona; Community health services; Rural communities; Community development; Case studies

Abstract: The concept of a health service district, as a variation of the special tax district, is described and discussed. Tax districts have traditionally been used to support both capital construction (revenue bonds) and operational expenses of single-purpose governmental entities. The health service district, where authorized by state laws, may be used by local areas to subsidize the delivery of ambulatory health care. A particular case, the Ajo-Lukeville Health Service District in Arizona, illustrates what can be accomplished by this mechanism with the cooperation of local residents and outside agencies. Both the process of establishing such a district and the outcome of the Ajo-Lukeville experience is described. Reasons why health service districts may prove potentially attractive at this time are reviewed. Impediments to the development of more health service districts are also explored, including the lack of technical assistance, an inadequate awareness of the potential of health service districts, and the absence of a widespread orientation toward community financed and controlled health care. Movement in this direction should facilitate the development of additional health service districts.

46 NAL Call No: KF26.A643 1990c
Community health center/National Health Service Corps hearing before a subcommittee of the Committee on Appropriations, United States Senate, One Hundred First Congress, second session : special hearing. (Community health center, National Health Service Corps.)
United States. Congress. Senate. Committee on Appropriations. Subcommittee on Departments of Labor, Health and Human Services, Education, and Related Agencies
Washington : U.S. G.P.O. : For sale by the Supt. of Docs., Congressional Sales Office, U.S. G.P.O.; Y 4.Ap 6/2:S.hrg.101-845.
iii, 51 p. ; 24 cm. (S. hrg. ; 101-845). "Fiscal year 1991", Cover. Distributed to some depository libraries in microfiche. Shipping list no.: 90-598-P.

Language: English

Descriptors: Community health services; Rural health services

47 NAL Call No: RA771.5.C6
Community health centers and the rural economy the struggle for survival.
Joint Rural Task Force (U.S.)
Washington, D.C. : National Association of Community Health Centers ; Kansas City, MO : National Rural Health Association,.
110 p. : ill. ; 2 cm. December 1988.

Language: English

Descriptors: Rural health services; Economic aspects; United States; Community health services; Economic aspects; United States

48 NAL Call No: RA771.A1J68
A comparison of financial performance, organizational characteristics and management strategy among rural and urban nursing facilities.
Smith, H.L.; Piland, N.F.; Fisher, N.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (1): p. 27-40; 1992. Includes references.

Language: English

Descriptors: New Mexico; Nursing homes; Rural areas; Urban areas; Comparisons; Management; Administration; Diversification; Planning; Economics; Marketing techniques

Abstract: Despite efforts to deinstitutionalize long-term care, it is estimated that 43 percent of the elderly will use a nursing facility at some point. Whether sufficient nursing facility services will be available to rural elderly is debatable due to cutbacks in governmental expenditures and recent financial losses among nursing facilities. This paper explores the challenges confronting rural nursing facilities in maintaining their viability and strategies that might be considered to improve their longevity. A comparative analysis of 18 urban and 34 rural nursing facilities in New Mexico is used in identifying promising strategic adaptations available to rural facilities. Among other considerations, rural facilities should strive to enhance

revenue streams, implement strict cost control measures, emphasize broader promotional tactics, and diversify services commensurate with the constraints of the communities and populations served.

49 NAL Call No: RA421.P684

Comparison of recruitment strategies and associated disease prevalence for health promotion in rural elderly.

Ives, D.G.; Kuller, L.H.; Schulz, R.; Traven, N.D.; Lave, J.R.

Orlando, Fla. : Academic Press.

Preventive medicine v. 21 (5): p. 582-591; 1992 Sep. Includes references.

Language: English

Descriptors: Pennsylvania; Health promotion; Rural areas; Elderly; Community health services; Recruitment; Methodology; Disease prevalence; Participation; Costs; Diseases; Risk; Characteristics

Abstract: Background. Although interest in health promotion for the elderly is increasing, the issues of recruitment into such programs and self-selection have not been well explored. While clinical studies require high participation levels and expensive recruitment, community efforts are satisfied with recruiting small numbers of volunteers from poorly defined populations. These small samples may not be representative of the populations at risk. Methods. As part of the Rural Health Promotion Project, a Medicare demonstration, community-based recruitment methods were evaluated and participant characteristics were compared. A total of 3,884 individuals ages 65-79 were recruited in northwestern Pennsylvania, using four sequential recruitment strategies, varying in aggressiveness. The methods were: (A) mail only, (B) mail with phone recruitment follow-up, (C) mail with phone recruitment and scheduling, and (D) mail with aggressive phone recruitment and scheduling. Results. Recruitment yields were Method A, 13.5%; B, 21.1%; and C, 31.6%. The most aggressive Method (D) yielded 37.0% participation. More aggressive methods (C and D) recruited more educated individuals. No other demographic or health status differences were noted. Conclusion. These data show that large numbers of the elderly can be recruited into a health promotion program using aggressive methods and professional interviewers.

50 NAL Call No: RA771.6.A6M6 no.27

A comparison of rural and urban certified nurse midwives in Arizona.

Gordon, Ilene Tanz

Tucson, Ariz. : Southwest Border Rural Health Research Center, College of Medicine, University of Arizona,.

17, [6] leaves : ill. ; 28 cm. (Monograph / Southwest Border Rural Health Research Center ; no. 27). January 1991. Includes bibliographical references (leaves 16-17).

Language: English

51 NAL Call No: RA790.A1J68

A comparison of rural and urban partial hospital programs for children and adolescents.

Doan, R.J.; Petti, T.A.

Fresno, Calif. : California School of Professional Psychology.

Journal of rural community psychology v. 11 (2): p. 3-15; 1990. Includes references.

Language: English

Descriptors: Pennsylvania; Children; Adolescents; Mental health; Health services; Hospitals; Rural areas; Rural urban relations; Medical treatment; Programs

Abstract: Eighteen child and adolescent partial hospital (PH) programs in a single geographic region were surveyed through site visits. Nine of the programs with 670 clients were located in two urban areas, and nine programs with 126 clients were located in seven rural to semirural counties. Administrative and client characteristics of the urban and rural facilities were compared. Compared to urban programs, those in rural areas were much smaller, more exclusively served adolescents and not children, and had stronger financial and administrative links to local community mental health centers and special education authorities. Educational facilities at many rural programs seemed deficient. About half of the rural and urban clients received Medicaid, and there was an overrepresentation of minorities in both groups; although older, rural clients had lower rates of inpatient and residential psychiatric treatment. Similar proportions of rural and urban clients (45% and 33%, respectively) were discharged from PH services due to the achievement of some or all of their treatment goals. The implications of these findings for the design and operation of rural PH programs are discussed.

52 NAL Call No: RA771.A1J68

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Competition and rural primary care programs.
Ricketts, T.C.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 6 (2): p. 119-139; 1990 Apr. Includes references.

Language: English

Descriptors: U.S.A.; Health centers; Rural areas; Market competition; Health care; Health care costs

53 NAL Call No: RA771.5.R532 1989
Competition and rural primary care programs.
Ricketts, Thomas C.
University of North Carolina at Chapel Hill, Health Services Research Center
Chapel Hill, NC : Health Services Research Center, University of North Carolina at Chapel Hill,. 38 leaves ; 28 cm. December, 1989. The University of North Carolina Rural Health Research program. Supported by Grant No. HA-R-000016 from the Office of Rural Health Policy, Health Resources and Services Administration, Public Health Service, U.S. D.H.H.S. Includes bibliographical references (leaves 36-38).

Language: English

Descriptors: Rural health services; Medical care; Competition

Abstract: Rural primary care programs were established in areas where there was thought to be no competition for patients; however, evidence from site visits and surveys of a national sample of subsidized programs revealed a pattern of competitive responses by the clinics. In this study of 193 rural primary care programs, mail and telephone surveys produced uniform data on the organization, operation, finances, and utilization of a representative sample of clinics. The programs were found to compete in terms of: (1) price, (2) service mix, (3) staff availability, (4) structural accessibility, (5) outreach, and (6) targeting a segment of the market. The competitive strategies employed by the clinics had consequences that affected their productivity and financial stability. The strategies were related to the perceived missions of the programs, and depended heavily upon the degree of isolation of the program and the targeting of the services. The competitive strategy chosen by a particular program could not be predicted based on service area population and apparent competitors in the service area. The goals and objectives of the programs have more to do with their competitive responses than market characteristics. The chosen strategies may not meet the demands of those markets.

54 NAL Call No: HC107.A13A6
Concurrent sessions: medical and health applications.
Washington, D.C. : Appalachian Regional Commission.
Appalachia v. 25 (1): p. 17-18; 1992.

Language: English

Descriptors: Southern states of U.S.A.; Telecommunications; Medical services; Health care; Rural communities

55 NAL Call No: RA790.A1J68
Connected independence: a paradox of rural health?
Brown, K.
Fresno, Calif. : California School of Professional Psychology.
Journal of rural community psychology v. 11 (1): p. 51-64; 1990. In the series analytic: Aging in rural places / edited by R.J. Scheidt and C. Norris-Baker. Includes references.

Language: English

Descriptors: Nebraska; Elderly; Health beliefs; Towns; Rural communities; Mental health; Values

Abstract: An ethnographic analysis of elders' health beliefs and practices is presented in the context of economic and social traditions that blend the values of independence and connection in a small town. Rural mental health workers are provided with recommendations that are consistent with and reinforce these traditional mechanisms of individual and community health maintenance.

56 NAL Call No: RA771.A1J68
Consequences of differential residence designations for rural health policy research: the case of infant mortality.
Farmer, F.L.; Clarke, L.L.; Miller, M.K.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 9 (1): p. 17-26; 1993. Includes references.

Language: English

Descriptors: U.S.A.; Infant mortality; Rural areas; Health services; Social policy; Geographical distri-

bution; Population distribution; Ethnicity; Blacks

Abstract: In 1991, members of the rural caucus proposed numerous bills designed to attenuate the rural-urban differences in health care delivery and health status. Implicit in the legislative process is the assumption that "rural America" differs systematically from "urban America." However, research has consistently demonstrated that there is not a single rural America but rather, those areas outside of the major metropolitan areas represent a complex mosaic of varying social and environmental settings. Rural communities differ in meaningful ways along a number of socioenvironmental parameters, and accordingly, health status indicators also differ across rural communities. Thus, health outcome statistics averaged across rural communities will often mask important health disparities experienced by certain population groups. Policies based on these aggregate indicators may overlook the needs of the most disadvantaged. While a number of measures of rurality have emerged in the last decade, much of the information presented to policy-makers is either too aggregated (i.e., metropolitan-nonmetropolitan) to identify important differences across the range of communities, or it is gathered in agency-specific categories that are not comparable. The central question under examination in the current context is the possibility of distorting the picture of infant health status by aggregating the diverse rural locales of the United States. Empirical results indicate that when considering infant mortality, any rural disadvantage is contingent upon how 'rural' and 'urban' have been defined. Further, the results indicate that conclusions must be conditioned on other important sociodemographic parameters such as region of the country and race.

57 **NAL Call No: 151.65 P96**

Consortium building among local health departments in Northwest Illinois.

Orthoefer, J.; Bain, D.; Empereur, R.; Nesbit, T.A.

Washington, D.C. : Public Health Service.

Public health reports v. 103 (5): p. 500-507. maps; 1988 Sep. Includes references.

Language: English

Descriptors: Illinois; Public health; Community health services; Counties; Rural areas; Grants; Regionalization

Abstract: The 1947 report by Haven Emerson envisioned the widespread delivery of local public health services through organizational patterns that substituted multi-county or regional agencies for locally controlled departments. The 1971 study by Vlado Getting supported the Emerson report and suggested alternative methods to provide public health services via multi-county area health service agencies for rural areas of Illinois. The number of local agencies in the State has doubled since the mid-1960s, yet a majority of rural counties have maintained a single-county health agency rather forming multi-county arrangements. In effect, potential economics of scale have been forfeited. In northwest Illinois, however, eight local health departments, covering both rural and urban areas, have formed a multi-county consortium to identify and meet several overlapping program needs. This Region I consortium, with a population base of 590,000, was created as a result of the 1981 Omnibus Budget Reduction Act. Through the block grants created by the act, funds became available for preventive health and health promotion activities in fiscal year 1982. Once in place, the consortium provided a cost effective means to manage the Women, Infants, and Children Supplemental Feeding Program (WIC) and some elements of family planning programs in Region I. The consortium approach offers numerous opportunities for future growth and regionalization of services.

58 **NAL Call No: KF26.B8 1990**

Crisis in rural health care hearings before the Committee on the Budget, United States Senate, One Hundred First Congress, first session, February 13, 1989, Fargo, ND; February 14, 1989, Grand Forks, ND; February 16, 1989, Minot, ND.

United States. Congress. Senate. Committee on the Budget

Washington [D.C.] : U.S. G.P.O. : For sale by the Supt. of Docs., Congressional Sales Office, U.S. G.P.O.,.

iv, 452 p. : ill., maps ; 24 cm. (S. hrg. ; 101-480). Distributed to some depository libraries in microfiche. Shipping list no.: 90-204-P. Item 1035-A-1, 1035-A-2 (MF). Includes bibliographical references.

Language: English

Descriptors: Rural health services; Medical care; Hospitals, Rural

59 **NAL Call No: KF27.5.A374 1991a**

The crisis in rural health care problems of access, affordability, and quality : hearing before the Subcommittee on Retirement Income and Employ-

ment of the Select Committee on Aging, House of Representatives, One Hundred Second Congress, first session, August 16, 1991, Boise, Idaho.
United States. Congress. House. Select Committee on Aging. Subcommittee on Retirement Income and Employment
Washington [D.C.] : U.S. G.P.O. : For sale by the U.S. G.P.O., Supt. of Docs., Congressional Sales Office; Y 4.Ag 4/2:H 34/49.
iv, 252 p. : ill., maps ; 24 cm. Distributed to some depository libraries in microfiche. Shipping list no.: 91-824-P. Comm. pub. no. 102-827. Includes bibliographical references (p. 167).

Language: English

Descriptors: Rural health services; Federal aid to rural health services

60 **NAL Call No: RA771.A1J68**
Cultivating physician relations to enhance rural hospital utilization.
Smith, H.L.; Piland, N.F.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (3): p. 192-209; 1991. Includes references.

Language: English

Descriptors: New Mexico; Hospitals; Physicians; Relationships; Rural areas; Utilization; Personnel management

Abstract: Rural hospitals are searching for new strategies to enhance utilization in view of constraints introduced by prospective payment and other environmental pressures. Developing physician relations is an approach that is reportedly leading to better hospital-physician collaboration and subsequently to improved utilization. This paper examines rural hospital-physician relations and the association with utilization. The findings suggest that rural hospitals emphasize quality care as well as diagnostic and treatment equipment procurement as methods for building relationships with physicians. These strategies are correlated with efforts to build a larger medical staff. Higher rural hospital utilization, in terms of occupancy, discharges and patient days provided, is associated with a larger medical staff. The results suggest that rural hospitals' attempts to cultivate physician relations have the potential for making significant differences in utilization outcomes. However, the linkages between utilization and physician relations are complex and require further research.

61 **NAL Call No: RA771.6.A6M6 no.9**
Declining availability of physician obstetric service in rural Arizona and medical malpractice issues.
Gordon, Rena J.
Tucson, Ariz. : Southwest Border Rural Health Research Center, College of Medicine, University of Arizona,.
30, [26] leaves ; 28 cm. (Monograph / Southwest Border Rural Health Research Center ; no. 9). December 1989. Includes bibliographical references (leaves [42-56]).

Language: English

62 **NAL Call No: RA771.5.H38**
Defining "rural" areas impact on health care policy and research. (Rural health care.)
Hewitt, Maria Elizabeth
United States, Congress, Office of Technology Assessment
Washington, D.C. : Health Program, Office of Technology Assessment, Congress of the United States : For sale by the Supt. of Docs., U.S. G.P.O.; Y 3.T 22/2:2 R 88.
iv, 60 p. : ill. ; 26 cm. (Staff paper). "Rural health care", Cover. July 1989. Includes bibliographical references (p. 56-60).

Language: English

Descriptors: United States; Rural conditions; Federal aid to rural health services; United States; Rural health services; United States

63 **NAL Call No: HQ763.F35**
The delivery of family planning services in the United States.
Forrest, J.D.
New York, N.Y. : Alan Guttmacher Institute.
Family planning perspectives. p. 88, 90-95, 98. ill; 1988 Mar. Includes references.

Language: English

Descriptors: U.S.A.; Health care; Family planning; Health services; Rural communities; Income distribution; Health care costs

64 **NAL Call No: HT421.S63**
Delivery of mental health services is a special problem in rural areas.
Pitzer, R.L.
St. Paul, Minn. : The Service.

Sociology of rural life - Minnesota University, Agricultural Extension Service v. 11 (2): p. 1-2, 7; 1990.

Language: English

Descriptors: Minnesota; Mental health; Health services; Rural areas

65 NAL Call No: RA771.A1J68
A descriptive analysis of health insurance coverage among farm families in Minnesota.
Kralewski, J.E.; Liu, Y.; Shapiro, J.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (3): p. 178-184; 1992. Includes references.

Language: English

Descriptors: Minnesota; Health insurance; Health services; Farm families; Demography; Rural areas; Health care costs

Abstract: This paper reports the findings of a study of health insurance coverage and access to health services among farm families in Minnesota. The study included 1,482 families actively engaged in farming during 1989. While less than 10 percent of the population were uninsured during this period, the majority had limited coverage with high deductible and coinsurance provisions. Moreover, they were paying an estimated 15 to 20 percent more for their plans than a similar plan would have cost in the Minneapolis-St. Paul, MN, area. With the exception of cost, satisfaction with health services was found to be very high, and there were few indications of access problems.

66 NAL Call No: RA771.6.N7D47 1988
The Design of a rural health services system for the next two decades legislative symposium proceedings, April 29-May 1, 1987, Bassett Hall Conference Center, Mary Imogene Bassett Hospital, Cooperstown, New York.
New York (State), Legislature, Legislative Commission on Rural Resources
Legislative Symposium on Rural Health Care 2nd : 1987 : Cooperstown, N.Y.
Albany, N.Y. : New York State Legislative Commission on Rural Resources; LEG,373.3-4,DESRH,90-33671.
ii, 69 p. : ill. ; 28 cm. A rural resources special focus report. August 1988.

Language: English

Descriptors: Rural health services

67 NAL Call No: RA771.A1J68
The determinants of utilization of nonphysician providers in rural community and migrant health centers.
Shi, L.; Samuels, M.E.; Konrad, T.R.; Ricketts, T.C.; Stoskopf, C.H.; Richter, D.L.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 9 (1): p. 27-39; 1993. Includes references.

Language: English

Descriptors: U.S.A.; Health care; Health services; Rural communities; Medical auxiliaries; Supply; Demand; Geographical distribution

Abstract: The use of nonphysician providers, such as nurse practitioners, physician assistants, and certified nurse midwives, in rural areas is critically important due to the continued primary care access problems. This study examines the major factors influencing the use of nonphysician providers in rural community and migrant health centers based on a 1991 national survey of the centers. This study demonstrates that the employment of nonphysician providers in rural community and migrant health centers is significantly influenced by both supply and demand factors. Among supply factors, there is a significant and positive relationship between the number of total staff and the number of nonphysician providers employed. There is a significant but inverse relationship between the number of physicians and the number of nonphysician providers employed, indicating nonphysician providers primarily serve as substitutes for physicians in rural community and migrant health centers. The supply of nonphysician providers, as measured by the number of affiliated training programs, is significantly related to the employment of nonphysician providers. The demand variable, geographic location, and the centers' staffing policies are also significant determinants of the use of nonphysician providers.

68 NAL Call No: RA771.A1J68
Determination of nurse adequacy in rural areas.
Moses, E.B.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (4,suppl.): p. 451-459; 1991. In the series analytic: Issues and Trends in Availability of Heath Care Personnel in Rural America / edited by D.A. Kindig and T.C. Rick-

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etts. Includes references.

Language: English

Descriptors: U.S.A.; Nurses; Availability; Rural areas; Geographical distribution; Supply balance

Abstract: The examination of the adequacy of nursing resources requires an analysis of a variety of factors. Because registered nurses primarily provide their services as employees of organized health care delivery structures, the number, size and type of these structures in an area are key to the nursing resources required and the nurse supply.

69 NAL Call No: RA771.A1J68
Determining adequacy of physicians and nurses for rural populations: background and strategy.
Kindig, D.A.; Ricketts, T.C.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (4,suppl.): p. 313-326; 1991. In the series analytic: Issues and Trends in Availability of Heath Care Personnel in Rural America / edited by D.A. Kindig and T.C. Ricketts. Includes references.

Language: English

Descriptors: U.S.A.; Health care; Health services; Physicians; Nurses; Rural areas; Labor force; Supply balance

70 NAL Call No: RA410.8.O7D47 1992
Determining the level of medical underservice for rural Oregon, 1992.
Oregon Health Services University, Office of Rural Health
Portland, Or. : Office of Rural Health, Oregon Health Services University,.
7, [30] p. ; 28 cm. Cover title. Includes bibliographical references.

Language: English

Descriptors: Medically underserved areas; Rural health services

71 NAL Call No: 389.8 AM34
Dietary fat: sources of information used by men.
Ankeny, K.; Oakland, M.J.; Terry, R.D.
Chicago, Ill. : The Association.
Journal of the American Dietetic Association v. 91 (9): p. 1116-1117; 1991 Sep. Includes references.

Language: English

Descriptors: Iowa; Nutrition information; Health promotion; Dietary fat; Food intake; Eating patterns; Behavior modification; Information services; Cardiovascular diseases; Risk; Surveys; Rural areas; Men

Abstract: Of the 1.25 million heart attacks reported each year in the United States, two thirds occur in men. Health and government organizations have attempted to promote dietary behaviors that may reduce heart disease risk. However, national dietary surveys indicate that most American men fail to follow many of these dietary recommendations, including reduction of dietary fat. Moreover, studies suggest that men are less likely than women to believe in the efficacy of dietary recommendations. The purpose of our research was to determine the communication sources most likely to be used by men who have adopted dietary behaviors to reduce dietary fat.

72 NAL Call No: RA771.A1J68
Differences in need among the rural and urban aged: statistical versus practical significance.
Leinbach, R.M.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 4 (3): p. 27-34; 1988 Oct. In the series analytic: Rural Geriatrics and Gerontology / guest editor J.K. Cooper. Includes references.

Language: English

Descriptors: Pennsylvania; Wisconsin; Elderly; Needs assessment; Health; Rural urban relations; Location theory; Statistical analysis; Probabilistic models

73 NAL Call No: HV85.H85
Disability and rural independent living: setting an agenda for rural rehabilitation.
Offner, R.; Seekins, T.; Clark, F.
Cheney, WA : Eastern Washington University.
Human services in the rural environment v. 15 (3): p. 6-8; 1992. Includes references.

Language: English

Descriptors: U.S.A.; Handicapped persons; Rural areas; Health care; Resource management

74 NAL Call No: 151.65 P96
Drug use and illnesses among eighth grade students in rural schools.
Alexander, C.S.; Klassen, A.C.
Washington, D.C. : Public Health Service.

Public health reports v. 103 (4): p. 394-399; 1988 Jul. Includes references.

Language: English

Descriptors: Maryland; Rural youth; Adolescents; Substance abuse; Counties; Tobacco smoking; Alcoholic beverages; Health

Abstract: We examined the relationship between the drug use by young adolescents and two indicators of illness, frequency of illness and numbers of days absent from school owing to illness. Data were from a general health survey of all eighth grade students enrolled in public schools in two rural Maryland counties. A total of 745 students completed a self-administered questionnaire during school hours in January 1984. Information was obtained on a variety of sociodemographic characteristics and on the students' use of tobacco, alcohol, and marijuana. Correlational analyses were used to examine the relationships among cigarette smoking, beer or wine drinking, whiskey or hard liquor drinking, and marijuana use. Logistic regression was used to model the effects of drug use behaviors on the likelihood of being absent from school 3 or more days, adjusting for the student's age, sex, race, parents' education, illness frequency, and concerns about learning problems in school. We found substantial covariation among the use of cigarettes, alcohol, and marijuana. After adjusting for the background variables of illness, frequency, and learning problems, we found that students who are frequent cigarette smokers experienced a 2.6 risk of school absenteeism. Other drug use behaviors were not associated significantly with increased risk of missing school. Findings are discussed within the context of health-related consequences of drug use.

75 NAL Call No: RA771.A1J68

The economic impact of hospitals in rural communities.

McDermott, R.E.; Cornia, G.C.; Parsons, R.J.

Kansas City, Mo. : National Rural Health Association.

The Journal of rural health v. 7 (2): p. 117-133; 1991. Includes references.

Language: English

Descriptors: Utah; Hospitals; Economic impact; Rural communities

76 NAL Call No: A00127

Education for rural health in Saskatchewan.

McDonald, I.M.

Philadelphia, PA : Hanley & Belfus.

Academic medicine v. 65 (12,suppl.): p. S90-S92; 1990 Dec. Paper presented at the 1990 Invitational Symposium "Rural Health: A Challenge for Medical Education," February 1-3, 1990, San Antonio, Texas. Includes references.

Language: English

Descriptors: Saskatchewan; Medical education; Medical schools; Students; Recruitment; Rural areas

Abstract: The Canadian Province of Saskatchewan, like its American counterparts, is experiencing a steady urbanization of its population particularly by young adults. This has been accompanied by progressive decrease in the availability of health services to an aging rural population. Physicians, and, in particular, Saskatchewan graduates, find rural practice unattractive. Unlike the American experience, level of income is not the issue. Not only is rural practice unattractive to Saskatchewan graduates, but medicine as a career is not attracting students from rural areas. The need for a comprehensive overall strategy ranging from recruitment to reorganization of rural health care is proposed.

77 NAL Call No: RA771.A1J68

Education of nurses for rural practice.

Pickard, M.R.

Kansas City, Mo. : National Rural Health Association.

The Journal of rural health v. 6 (4): p. 527-533, 549-552; 1990 Oct. In series analytic: A Decade of Rural Health Research: Looking Back, Thinking Ahead / edited by R.T. Coward, J.W. Dwyer and M.K. Miller. Includes references.

Language: English

Descriptors: U.S.A.; Nursing; Nurses; Rural areas; Professional continuing education; Educational innovation; Curriculum; Labor market; Research

78 NAL Call No: RA771.A1J68

The effect of a preterm birth prevention program in 17 rural and three urban counties in northwest North Carolina.

Moore, M.L.; Buescher, P.A.; Meis, P.J.; Michielutte, R.; Ernest, J.M.; Sharp, P.

Burlington, Vt. : Journal of Rural Health.

The Journal of rural health v. 5 (4): p. 361-370; 1989 Oct. Includes references.

Language: English

Descriptors: North Carolina; Low birth weight infants; Rural areas; Health programs; Premature infants; Rural urban relations; Ethnicity; Risks

79 NAL Call No: LB3401.A57
The effect of genetic risk information and health risk assessment on compliance with preventive behaviors.
Bamberg, R.; Acton, R.T.; Roseman, J.M.; Go, R.C.P.; Barger, B.O.; Vanichanan, C.J.; Copeland, R.B.
Reston, Va. : American Alliance for Health, Physical Education and Dance.
Health Education v. 21 (2): p. 26-32. charts; 1990 Mar. Includes 45 references.

Language: English

Descriptors: Georgia; Genetic markers; Risk; Disease prevention; Health beliefs; Health education; Nutrition education; Patient compliance; Psychological factors; Health hazards; Motivation; Assessment; Behavior change; Program effectiveness; Rural areas; Men

Abstract: This study was conducted to determine if genetic health risk information would motivate persons to change unhealthful behaviors and engage in positive preventive health measures.

80 NAL Call No: RA771.A1J68
The effect of physician dispensing on visit compliance and blood pressure control in a rural family practice clinic.
Lawborne, L.W.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (2): p. 113-123; 1989 Apr. Includes references.

Language: English

Descriptors: U.S.A.; Physicians; Health clinics; Rural areas; Drug formulations; Distribution; Medical treatment; Health care costs; Patient care; Patient compliance

81 NAL Call No: RA771.A1J68
The effects of Area Health Education Centers on primary care physician-to-population ratios from 1975 to 1985.
Hynes, K.; Givner, N.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 6 (1): p. 9-17; 1990 Jan. Includes references.

Language: English

Descriptors: U.S.A.; Health centers; Health education; Physicians; Rural population; Ratios; Counties

82 NAL Call No: RA771.6.A6M6 no.5
The effects of malpractice insurance on certified nurse-midwives the case of rural Arizona.
Gordon, Rena J.
Tucson, Ariz. : Southwest Border Rural Health Research Center, College of Medicine, University of Arizona,.
1 v. (unpaged) ; 28 cm. (Monograph / Southwest Border Rural Health Research Center ; no. 5). January 1989. Includes bibliographical references.

Language: English

83 NAL Call No: RA975.R87N4
Enabling rural hospitals in New York State to provide swing-bed care.
Cook, Charles D.,
New York (State). Legislature. Legislative Commission on Rural Resources
Albany, N.Y. : New York State Legislative Commission on Rural Resources,.
ii, 32 p. : ill., maps ; 28 cm. At head of title: A rural resources special focus report. "Senator Charles D. Cook, chairman", Cover p. [2]. April 1988. Bibliography: p. 31.

Language: English

Descriptors: Hospitals, Rural; New York (State); Swing beds

84 NAL Call No: RA771.A1J68
Entrance and exit of obstetrics providers in rural Alabama.
Bronstein, J.M.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (2): p. 114-120; 1992. Includes references.

Language: English

Descriptors: Alabama; Obstetrics; Physicians; Rural areas; Rural communities; Individual characteristics; Geographical distribution; Decision making; Trends; Health services

85 NAL Call No: R847.6.O7E77 1992
Establishing a physician assistant training program in Oregon a report to the Legislative Emergency Board.

Oregon Health Services University, Office of Rural Health
Portland, Or.? : Office of Rural Health, Oregon Health Sciences University,.
42 p. : ill. ; 28 cm. Cover title. June 1992.

Language: English

Descriptors: Physicians' assistants; Rural health services

86 **NAL Call No: RA771.A1J68**
Establishing a rural hospital cooperative: A case study.
Rosenthal, T.C.; Bissonette, R.P.; Parisella, J.S.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (5): p. 589-598; 1991. In series analytic: Issues in the structure, financing, and viability of rural hospitals. Includes references.

Language: English

Descriptors: New York; Hospitals; Cooperatives; Rural areas; Health care; Health services; Cooperative activities; Case studies; Personnel management

87 **NAL Call No: RA771.A1J68**
Estimating rural health professional requirements: an assessment of current methodologies.
Pathman, D.E.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (4,suppl.): p. 327-346; 1991. In the series analytic: Issues and Trends in Availability of Heath Care Personnel in Rural America / edited by D.A. Kindig and T.C. Ricketts. Includes references.

Language: English

Descriptors: U.S.A.; Health care; Health services; Rural areas; Physicians; Supply balance; Population density

88 **NAL Call No: RA771.A1J68**
Evaluating rural nurses for preparation in implementing nutrition interventions.
Lindseth, G.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 6 (3): p. 231-245; 1990 Jul. Includes references.

Language: English

Descriptors: North Dakota; Nurses; Nutrition knowledge; Nutrition information; Nutrition education; Nutritional intervention; Health promotion; Rural areas; Academic achievement; Age differences; Continuing education

Abstract: With the increase in wellness programs, earlier hospital discharges, higher health care costs, and more home health care, rural nurses are required to generalize their practices and draw from a more extensive knowledge base. The purpose of this study was to examine nursing interventions, specifically nutrition education practices, based on nutrition knowledge that is used in health promotion. A stratified random sample of rural nurses from hospitals, nursing homes, and community health agencies in North Dakota was invited to participate in this study. Data were obtained via questionnaires. The questionnaire consisted of two parts: the first analyzing demographic data and the second analyzing nutrition knowledge. Nutrition information requests were received by 90.9 percent of the practicing registered nurses. The community/public health nurses had the highest nutrition knowledge scores while medical-surgical hospital nurses had the lowest nutrition knowledge scores. With nutrition information and education being a frequently sought intervention by the rural health client, it would seem that registered nurses should be highly prepared and knowledgeable to meet these clients' needs.

89 **NAL Call No: RA771.A1J68**
An exploratory study of the correlates of intent to quit among certified registered nurse anesthetists in North Dakota.
Szigeti, E.; Largent, R.N.; Eberhardt, B.J.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 6 (3): p. 317-327; 1990 Jul. Includes references.

Language: English

Descriptors: North Dakota; Work satisfaction; Nurses; Rural areas; Labor turnover; Salaries; Promotion; Supervisors; Role perception; Age differences; Shift work; Marriage; Surveys

Abstract: Certified registered nurse anesthetists (CRNAs) provide the majority of anesthesia services in rural hospitals. Some services provided by CRNAs are routine, while others are for emergency conditions. The effect of the current nurse shortage on the potential pool of nurse anesthetists becomes a critical concern when considering the

nature of CPNA services in rural areas. This study investigated the potential factors that relate to the desire of CRNAs to continue practicing in rural hospitals of North Dakota. All CFNAs licensed in North Dakota (n = 125) were mailed survey questionnaires. Approximately five weeks later responses were received from 54 respondents for an overall return rate of 43 percent. Correlational analyses were used to examine responses of the subjects. A moderate degree of relationship was found among the work-related variables. The average interscale correlation, calculated using an r to z transformation, for the seven work-related variables was 0.47. Overall, pay and promotion satisfaction exhibited strong (r > 0.60) correlations with turnover intentions. Supervisory satisfaction was only moderately (r = -0.33) related to intention to quit. These results are discussed in terms of their implications for the management of CRNAs in rural hospitals. Revised salary schedules, clinical ladders for promotions, supervisory training, and the identification of potential performance constraints are suggested as areas in which rural hospitals should focus attention in an attempt to manage turnover in CRNAs.

90 **NAL Call No: HT401.S72**

Extensions's role in strengthening the community health infrastructure.

Jenkins, S.; Reinheimer, R.; Varnedoe, L.

Mississippi State, Miss. : The Center.

SRDC series - Southern Rural Development Center (130): p. 187-192; 1990 Jun. Paper presented at a Regional Conference: "Revitalizing the Rural South: Extension's Role in Enhancing the Quality of Life," January 16-18, 1990, Birmingham, Alabama. Includes references.

Language: English

Descriptors: Georgia; Community health services; Health promotion; Cooperative extension service; Role perception; Community programs; Infrastructure; Rural development

91 **NAL Call No: RA771.A1J68**

Factors related to job satisfaction and autonomy as correlates of potential job retention for rural nurses.

Hanson, C.M.; Jenkins, S.; Ryan, R.

Kansas City, Mo. : National Rural Health Association.

The Journal of rural health v. 6 (3): p. 302-316; 1990 Jul. Includes references.

Language: English

Descriptors: Georgia; Work satisfaction; Nurses; Rural areas; Self-actualization; Decision making; Labor turnover; Age differences; Academic achievement; Salaries; Marriage; Children

Abstract: This study of 167 nurses in 10 rural Georgia agencies examines the relationships among personal characteristics, factors of job satisfaction, autonomy, and job retention. The findings indicate that, contrary to expectations, personal characteristics (e.g., age, education, salary, marital status, and number of dependents) are not strong predictors of job retention in this sample. Some of the factors of job satisfaction do correlate negatively with indicators of impending job change, but the strongest relationships were those related to nursing autonomy. The study concludes that, of the variables studied, autonomy was the most effective predictor of job satisfaction and intention to remain in the current position.

92 **NAL Call No: RA771.A1J68**

Family medicine education and rural health: a response to present and future needs.

Boulger, J.G.

Kansas City, Mo. : National Rural Health Association.

The Journal of rural health v. 7 (2): p. 105-115; 1991. Includes references.

Language: English

Descriptors: Minnesota; Physicians; Families; Medicine; Medical education; Rural areas

93 **NAL Call No: 30.98 AG8**

Farm females, fitness, and the ideology of physical health in Antebellum New England.

Borish, L.J.

Berkeley, Calif. : University of California Press.

Agricultural history v. 64 (3): p. 17-30; 1990. Literature review. Includes references.

Language: English

Descriptors: U.S.A.; Rural women; Fitness; Health; History; Ideology; Physical activity; Sport; Work; Literature reviews

94 **NAL Call No: HN49.C6J6**

Farm structure and infant mortality: an analysis of nonmetropolitan counties.

Lobao, L.M.; Thomas, D.W.

Athens, Ga. : The University of Georgia.

Journal of the Community Development Society v. 19 (2): p. 1-29; 1988. Includes references.

Language: English

Descriptors: U.S.A.; Farm structure; Infant mortality; Neonatal mortality; Farm size; Income distribution; Educational attendance; Pregnant adolescents; Physicians; Models; Community development; Development plans

95 NAL Call No: RA771.A1J68
Farming: primary prevention for hypertension? Effects of employment type on blood pressure.
Gold, M.R.; Franks, P.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (3): p. 257-256; 1989 Jul. Includes references.

Language: English

Descriptors: New York; Farming; Hypertension; Employment; Risks; Occupational disorders; Health programs; Rural environment

96 NAL Call No: RA413.5.U5K87 1991
The feasibility of health care cooperatives in rural America learning from the past to prepare for the future.
Kushner, Christine
United States, Health Resources and Service Adminstration, Office of Rural Health Policy, University of North Carolina at Chapel H
Chapel Hill, NC : Health Services Research Center, University of North Carolina at Chapel Hill,. 29, [5] leaves ; 28 cm. May 1991. The University of North Carolina Rural Health Research program. ... supported by the Office of Rural Health Policy, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services, Grant No. HA-R-000016-03. Includes bibliographical references (leaves 27-29).

Language: English

Descriptors: Health maintenance organizations; Rural health services

Abstract: The decline in federal financial support for rural health care may lead rural health care consumers to turn to a once-prevalent private sector model for health care services: health care cooperatives. This study examines the feasibility of health care cooperatives in rural America and whether the corporate structure of a cooperative is a feasible option for rural residents in communities that lack access to primary health care services. The paper will familiarize readers with the concept of cooperatives and will provide a background for anyone thinking about establishing a rural health care cooperative. The history of health care cooperatives and similar health care systems is reviewed, as are current and past examples of health care cooperatives. As an example of one state's history of cooperatives, experiences in North Carolina will be briefly discussed. Also discussed are several issues that must be considered before developing a health care cooperative: whether the practice will be prepaid or fee-for-service; the importance of professional legal, financial, and organizational assistance; and the personnel practices of the cooperative. Rural health care providers and consumers may find cooperatives a suitable and efficient option for securing health care services for their communities. In establishing a cooperative, organizers must consider whether the corporate structure of a cooperative fits the needs of their communities and of the patients who would join and be served by the cooperative. The views and recommendations expressed in this report do not necessarily reflect the views of the Department of Health and Human Services and the Administration.

97 NAL Call No: RA771.5.F56
Federal legislative changes affecting the reimbursement of health care in rural America.
Knight, P.
New York : Praeger.
Financing rural health care / edited by LaVonne Straub and Norman Walzer. p. 113-128; 1988. Includes references.

Language: English

Descriptors: U.S.A.; Rural communities; Health care; Remunerations; Legislation; Medicare; Medicaid; Federal government

98 NAL Call No: RA771.A1J68
Federal programs affecting rural perinatal health care.
Bacchi, D.; Phillips, D.; Kessel, W.; Smith, D.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (4): p. 413-424; 1989 Oct. Includes references.

Language: English

Descriptors: U.S.A.; Rural areas; Health care; Health programs; Federal government; Parturition

99 NAL Call No: 151.65 P96
Financing geriatric programs in community

health centers.
Yeatts, D.E.; Ray, S.; List, N.; Duggar, B.
Rockville, Md. : U.S. Department of Health & Human Services, Public Health Service.
Public health reports v. 106 (4): p. 375-383; 1991 Jul. Includes references.

Language: English

Descriptors: U.S.A.; Health centers; Community health services; Rural areas; Urban areas; Program development; Program effectiveness; Marketing techniques; Health insurance; Incentives; Cooperation; Elderly

Abstract: There are approximately 600 Community and Migrant Health Centers (C/MHCs) providing preventive and primary health care services principally to medically underserved rural and urban areas across the United States. The need to develop geriatric programs within C/MHCs is clear. Less clear is how and under what circumstances a comprehensive geriatric program can be adequately financed. The Health Resources and Services Administration of the Public Health Service contracted with La Jolla Management Corporation and Duke University Center on Aging to identify successful techniques for obtaining funding by examining 10 "good practice" C/MHC geriatric programs. The results from this study indicated that effective techniques included using a variety of funding sources, maintaining accurate cost-per-user information, developing a marketing strategy and user incentives, collaborating with the area agency on aging and other community organizations, and developing special services for the elderly. Developing cost-per-user information allowed for identifying appropriate drawing card" services, negotiating sound reimbursement rates and contracts with other providers, and assessing the financial impact of changing service mixes. A marketing strategy was used to enhance the ability of the centers to provide a comprehensive package of services. Collaboration with the area agency on aging and other community organizations and volunteers in the aging network was found to help establish referral networks and subsequently increase the number of elderly patients served. Finally, development of special services for the elderly, such as adult day care, case management, and health education, was found to increase program visibility, opportunities to work with the network of services for the aging, and clinical utilization.

100 NAL Call No: RA771.5.R53 1989
Financing primary care in rural America a research agenda for the Health Care Financing Administration.
Ricketts, Thomas C.
United States, Health Care Financing Administration, Office of Research and Demonstrations, University of North Carolina at Chapel Hill, Health Services Research Center
Chapel Hill, N.C. : Health Services Research Center, University of North Carolina at Chapel Hill,.
17 leaves ; 28 cm. December 1989. A paper prepared for the Office of Research and Demonstrations, Health Care Financing Administration. The University of North Carolina Rural Health Research program. ... supported by Grant No. HA-R-000016-02 ... from the Office of Rural Health Policy, Health Resources and Services Administration, Public Health Service, U.S. D.H.H.S. Includes bibliographical references (leaves 16-17).

Language: English

Descriptors: Rural health services

101 NAL Call No: RA771.A1J68
Financing rural health and medical services.
Straub, L.A.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 6 (4): p. 467-484; 1990 Oct. In series analytic: A Decade of Rural Health Research: Looking Back, Thinking Ahead / edited by R.T. Coward, J.W. Dwyer and M.K. Miller. Literature review. Includes references.

Language: English

Descriptors: U.S.A.; Health care; Health services; Rural areas; Health care costs; Finance; Hospitals; Community health services; Health centers; Low income groups; Elderly; Social benefits; Literature reviews; Research

102 NAL Call No: RA771.5.F56
Financing rural health care.
Straub, LaVonne; Walzer, Norman
New York : Praeger,.
xxii, 230 p. : ill. ; 24 cm. "... papers presented at a conference on financing rural health care held in 1987", Pref. Includes index. Bibliography: p. 209-216.

Language: English

Descriptors: Rural health services; United States; Finance; Congresses; Rural health services; United States; Congresses

103 NAL Call No: KF27.W344 1989b
Fiscal year 1990 budget issues relating to payment of inner-city and rural hospitals under Part A of the Medicare program hearing before the Subcommittee on Health of the Committee on Ways and Means, House of Representatives, One Hundred First Congress, first session, May 15, 1989.
United States. Congress. House. Committee on Ways and Means. Subcommittee on Health
Washington [D.C.] : U.S. G.P.O. : For sale by the Supt. of Docs., Congressional Sales Office, U.S. G.P.O.; Y 4.W 36:101-44.
iii, 239 p. ill. ; 24 cm. Distributed to some depository libraries in microfiche. Serial 101-44. Includes bibliographical references.

Language: English

Descriptors: Medicare; Federal aid to hospitals; United States; Hospitals; United States; Finance; Hospitals, Rural; United States; Prospective payment

104 NAL Call No: KF27.5.W344 1990
Fiscal year 1991 budget issues relating to payment of inner-city and rural hospitals under part A of the Medicare program hearing before the Subcommittee on Health of the Committee on Ways and Means, House of Representatives, One Hundred First Congress, second session, April 4, 1990.
United States. Congress. House. Committee on Ways and Means. Subcommittee on Health
Washington [D.C.] : U.S. G.P.O. : For sale by the Supt. of Docs., Congressional Sales Office, U.S. G.P.O.; Y 4.W 36:101-89.
iii, 129 p. : ill. ; 24 cm. Distributed to some depository libraries in microfiche. Serial 101-89.

Language: English

Descriptors: Budget; United States; Hospitals, Rural; United States; Prospective payment; Medicare; Insurance, Health; United States

105 NAL Call No: A00122
Focus on rural health: proceedings of the 19th Annual PA Conference: May 25-31, 1991, San Francisco, California.
St. Louis, MO : Mosby.
Journal of the American Academy of Physician Assistants v. 3 (6): 150 p.; 1990 Sep.

Language: English

Descriptors: Health care; Rural areas; Professional continuing education; Occupations

106 NAL Call No: LB1567.J68
Four years of infusing preventive health behavior education into a small, isolated, Hispanic school.
Duryea, E.J.; Semark, L.; Neto, C.
Bellingham, Wash. : National Rural Development Institute.
Journal of rural and small schools v. 5 (3): p. 2-6; 1992. Includes references.

Language: English

Descriptors: New Mexico; Hispanics; Public schools; Rural areas; Health education; Substance abuse; Behavior modification; Health programs; Rural youth; Educational programs

107 NAL Call No: RA771.5.F56
The future of rural hospitals.
Moscovice, I.
New York : Praeger.
Financing rural health care / edited by LaVonne Straub and Norman Walzer. p. 65-81; 1988. Includes references.

Language: English

Descriptors: U.S.A.; Rural communities; Hospitals; Health care; Health care costs; Finance; Profitability; Technical progress; Physicians; Nurses

108 NAL Call No: RA771.A1J68
Geographic distribution of physician manpower: the GMENAC legacy.
Jacoby, I.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (4,suppl.): p. 427-436; 1991. In the series analytic: Issues and Trends in Availability of Heath Care Personnel in Rural America / edited by D.A. Kindig and T.C. Ricketts. Includes references.

Language: English

Descriptors: U.S.A.; Physicians; Geographical distribution; Rural areas; Supply balance

Abstract: The Graduate Medical Education National Advisory Committee (GMENAC) projected the need for and supply of physicians and other providers, recommended time and access standards for health care services, and developed guidelines for the geographic distribution of physicians. Since this study, analysts have given

scant attention to national problems of physician geographic distribution. The issue deserves additional scrutiny in light of the current continuing problems of underservice in rural areas. The emergence information systems offers a unique opportunity to acquire data on provider distribution and provide a framework for developing and testing redistribution policy.

109 **NAL Call No: A00127**
Graduate medical education and rural health care.
Talley, R.C.
Philadelphia, PA : Hanley & Belfus.
Academic medicine v. 65 (12,suppl.): p. S22-S31; 1990 Dec. Paper presented at the 1990 Invitational Symposium "Rural Health: A Challenge for Medical Education," February 1-3, 1990, San Antonio, Texas. Commentaries by P.R. Young, p. S25-S27, and N.A. Vanselow, p. S27-S31. Includes references.

Language: English

Descriptors: U.S.A.; Health care; Medical education; Graduate study; Rural areas; Recruitment; Rural communities

Abstract: Currently, residency training is neither detrimental nor helpful to the problems of rural health. Based on four generally accepted "truths" about rural health, medical schools should recruit students from rural areas, have them choose family practice as a career, and train them in rural settings. Given no substantial changes in residency training, the following recommendations are made. Develop a consensus definition of "rural." Educate rural communities to the purpose of residency training. Residency review committees should support rural rotations of at least six months; consider the number of residencies at a site irrelevant for accreditation; judge the quality of the product as the standard of accreditation; and define teaching competency by other than specialty label. All medical school departments should be involved in seeking solutions to the problems of rural health. New opportunities for funding of rural residency training should be sought. If major changes in residency training are possible, internal medicine, family practice, and pediatrics should merge as a single primary care specialty and for residency training. Only this residency should be considered primary care for residency reimbursement purposes, and only its graduates should be reimbursed for primary care services.

110 **NAL Call No: 100 OK4 (3)**
A guidebook for rural dental services: a systematic approach to planning and development.
Doeksen, G.A.; Peterson, J.E.; Stackler, L.; Quinn, J.E.
Stillwater, Okla. : The Station.
Miscellaneous publication - Agricultural Experiment Station, Oklahoma State University (128): 90 p. ill; 1989 Jun. Includes references.

Language: English

Descriptors: Oklahoma; Rural communities; Public services; Dental health; Rural planning; Input output analysis

111 **NAL Call No: 1.90 C2OU8**
Health and social characteristics of the nonmetro elderly.
Rogers, C.C.
Washington, D.C. : The Department.
Outlook - Proceedings, Agricultural Outlook Conference, U.S. Department of Agriculture (68th): p. 264-277; 1992. Paper presented at "New opportunities for agriculture," December 3-5, 1991, Washington, DC. Includes references.

Language: English

Descriptors: U.S.A.; Elderly; Rural areas; Health care; Health services; Utilization; Socioeconomic status; Demography; Suburban areas; Urban areas; Comparisons; Quality of life; Hypertension; Arthritis

112 **NAL Call No: 281.28 R88**
The health and social functions of black midwives on the Texas Brazos bottom, 1920-1985.
Schaffer, R.C.
Bozeman, Mont. : Rural Sociological Society.
Rural sociology v. 56 (1): p. 89-105; 1991. Includes references.

Language: English

Descriptors: Texas; Blacks; Midwives; Health care; Rural communities; Medical services; History; Caste; Social change; Rural economy; Cotton

Abstract: This paper concerns black midwives who practiced traditional medicine in six central Texas counties, mostly located on the Brazos River. During the years of hospital segregation following the Civil War, the black midwife performed two major functions. Through formal connections with white physicians who taught them the basics of obstetrical care, black midwives were able to pro-

vide a better level of health care for black women than otherwise would have been available. The same ties enabled the black midwife to secure assistance from whites for the rural black community. These arrangements improved the health and productivity of rural black families and lessened the severity of the caste system. A sharp decline in the use of black midwives occurred when desegregation reduced training opportunities and the market for their services.

113 NAL Call No: RA421.F35
Health beliefs, health care, and rural Appalachian subcultures from an ethnographic perspective.
Hansen, M.M.; Resick, L.K.
Frederick, Md. : Aspen Publishers.
Family & community health v. 13 (1): p. 1-10; 1990 May. In the series analytic: Helath behaviors and high-risk or special populations / edited by S.R. Levy. Includes references.

Language: English

Descriptors: Kentucky; Mothers; Health beliefs; Health care; Rural areas; Cultural influences; Cultural values; Ethnography

114 NAL Call No: RA771.5.F56
Health care environment access, payment, and the rural hospital.
Damasauskas, R.
New York : Praeger.
Financing rural health care / edited by LaVonne Straub and Norman Walzer. p. 43-63; 1988. Includes references.

Language: English

Descriptors: U.S.A.; Rural communities; Hospitals; Health care; Fiscal policy; Social benefits; Economic impact; Access; Inflation; Technical progress; Health care costs; Demography

115 NAL Call No: RA771.A1J68
Health care in Canada: lessons for the United States.
Reamy, J.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (3): p. 210-221; 1991. Includes references.

Language: English

Descriptors: Canada; U.S.A.; Health care; Access; Hospitals; Rural areas; Physicians

Abstract: This paper considers various aspects of the Canadian health care system and the implications for the improved delivery of rural health care in the United States. The major aspects examined are access to care, rural hospitals, and rural physicians. A search of the pertinent literature revealed a large amount of information concerning rural physicians in Canada, but less that dealt directly with rural hospitals and access to health care in rural areas. Universal access is the cornerstone of the Canadian health care system, which is operated by each province under certain mandates of the federal government, with both providing funding for the system. The diffusion of medical technology has been slower in Canada than in the United States, which is perceived by some as a major success of the system. Little distinction is made between rural and urban hospitals in Canada, with all hospitals funded by annual global budgets from the province, rather than by direct payment for each service provided. Funding for capital items must be requested separately. This method of reimbursement allows better planning in meeting the needs of each community. Physicians in Canada are mostly private practitioners who are reimbursed by fee for service. As in the United States, there has been difficulty in attracting physicians to rural areas. However, all but one province have incentive programs to encourage physicians to practice in underserved rural areas, with some having disincentives for those locating in overserved areas. Overall, the Canadian health care system has chosen to control costs by focusing on the provider rather than the consumer and appears to be more successful in providing access to health care in rural areas of the country.

116 NAL Call No: RA771.5.H43
Health care in rural America.
Washington, DC : Congress of the U.S., Office of Technology Assessment : U.S. G.P.O.; Y 3.T 22/2:2 H 34/5.
viii, 529 p. : ill. ; 26 cm. Includes bibliographical references (p. 487-514) and index.

Language: English

Descriptors: United States; Rural conditions; Rural health services; Hospitals, Rural; Federal aid to rural health services

117 NAL Call No: aZ5071.N3
Health care in rural America: January 1979-September 1991.
John, P.L.C.

BEST COPY AVAILABLE

Beltsville, Md. : The Library.
Quick bibliography series - U.S. Department of Agriculture, National Agricultural Library (U.S.). (92-13): 73 p.; 1991 Dec. Updates QB 90-87. Bibliography.

Language: English

Descriptors: U.S.A.; Health care; Rural areas; Bibliographies

118 NAL Call No: RA771.5.H4 1990
Health care in rural America summary.
United States, Congress, Office of Technology Assessment
Washington, D.C. : Congress of the U.S., Office of Technology Assessment; Y 3.T 22/2:2 H 34/5/sum.
viii, 26 p. : ill. ; 27 cm. "September 1990", P. [4] of cover. "OTA-H-435", P. [4] of cover. Includes bibliographical references (p. 25-26).

Language: English

Descriptors: United States; Rural conditions; Health aspects; Rural health services; Hospitals, Rural; Federal aid to rural health services

119 NAL Call No: R729.5.R87W442 1992
Health care practitioners in rural Oregon an update.
Whitaker, Karen
Oregon : Office of Rural Health, Oregon, Health Sciences University, [1992?].
8 p. : ill. ; 28 cm. Cover title. October 1992.

Language: English

Descriptors: Medicine, Rural; Medical personnel; Physicians; Rural health services

120 NAL Call No: HC107.A13A6
Health care tour in China holds useful lessons.
Pizzano, W.A.
Washington, D.C. : Appalachian Regional Commission.
Appalachia v. 22 (2): p. 38-39. ill; 1989. Includes references.

Language: English

Descriptors: China; U.S.A.; Health care; Information dissemination; Rural communities; Cultural influences

121 NAL Call No: LC5201.L5
Health education for rural adults: challenge for nurses and adult educators.
Ballantyne, J.
Washington, D.C. : American Association for Adult and Continuing Education.
Lifelong learning v. 12 (5): p. 6-7; 1989 Feb. Includes references.

Language: English

Descriptors: Montana; Health education; Adult education; Adult learning; Teaching; Nurses; Rural communities; Needs assessment; Program development; Teaching methods; Program evaluation

122 NAL Call No: 1.90 C2OU8
Health insurance coverage of rural family members.
Frenzen, P.D.
Washington, D.C. : U.S. Dept. of Agriculture.
Outlook. p. 556-567; 1993 Mar. Paper presented at the conference "Agriculture's changing horizon," December 1-3, 1992, Washington, DC. Includes references.

Language: English

Descriptors: U.S.A.; Health insurance; Families; Rural areas

123 NAL Call No: RA771.5.H3
Health issues in rural America. (New alliances for rural America.)
Curtis, Rick
National Governors' Association, Task Force on Rural Development
Washington, D.C. : National Governors' Association,.
85 p. : ill. ; 28 cm. "New alliances for rural America, background paper submitted to the Task Force on Rural Development., Cover. Includes bibliographies.

Language: English

Descriptors: Rural health; United States; Hospitals, Rural; United States

124 NAL Call No: RA771.5.H3
Health issues in rural America: overview and introduction.
Bernstein, J.; Kolimaga, J.; Neuschler, E.
Washington, D.C. : National Governors' Association.
Health issues in rural America / by Rick Curtis ... [et al.]. p. 1-9; 1988.

Language: English

Descriptors: U.S.A.; Rural welfare; Public services;

Health care; Rural economy

125 NAL Call No: RA771.A1J68
Health promotion for the rural elderly.
Lubben, J.E.; Weiler, P.G.; Chi, I.; De Jong, F.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 4 (3): p. 85-96; 1988 Oct. In the series analytic: Rural Geriatrics and Gerontology / guest editor J.K. Cooper. Includes references.

Language: English

Descriptors: California; Elderly; Health promotion; Rural areas; Rural urban relations; Health protection; Preventive medicine

126 NAL Call No: RA771.A1J68
Health status and needs of migrant farm workers in the United States: a literature review.
Slesinger, D.P.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (3): p. 227-236; 1992. Literature review. Includes references.

Language: English

Descriptors: U.S.A.; Migrants; Farm workers; Rural areas; Health; Wellness; Literature reviews

Abstract: This section of The Journal of Rural Health is intended to assist readers in their efforts to keep current in the research literature with a relevance to rural health. In monitoring the journals from neighboring disciplines, we attempt to alert readers to new research and scholarly debate. The scope of this section is, for the most part, limited to publications from the United States. Inclusion of a publication does not represent an endorsement of the research or the validity of the conclusions reported. As research reviews editor, I invite comments on this section. I am particularly interested in innovative ways the section might be used to ensure that the journal's readers are the most erudite professionals involved in rural health.

127 NAL Call No: RA771.A1J68
The health status, health services utilization, and support networks of the rural elderly: a decade review.
Dwyer, J.W.; Lee, G.R.; Coward, R.T.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 6 (4): p. 379-398; 1990 Oct. In series analytic: A Decade of Rural Health Research: Looking Back, Thinking Ahead / edited by R.T. Coward, J.W. Dwyer and M.K. Miller. Literature review. Includes references.

Language: English

Descriptors: U.S.A.; Elderly; Rural population; Health; Health care; Health services; Support systems; Families; Literature reviews; Research; Demography; Living conditions; Family life; Population distribution; Long term care

128 NAL Call No: RA771.A1J68
HIV issues for rural hospitals in U.S. frontier areas.
Carwein, V.L.; Berry, D.E.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (3): p. 221-226; 1992. Includes references.

Language: English

Descriptors: Mountain states of U.S.A.; Health care; Health services; Human immunodeficiency virus; Rural areas; Hospitals; Personnel; Knowledge; Education; Training; Policy; Surveys

Abstract: A Survey of 108 hospital administrators in the eight states of the Mountain Census Region was conducted to identify frontier rural hospitals' experiences (fewer than 50 beds) in the provision of care and services to patients with HIV infection; to assess the availability of HIV care and services in these small, remote rural hospitals; and to assess the status of education and policy development related to HIV infection. Of the 62 hospitals that responded, 16 (26%) had provided care and services to HIV-infected patients. Acute inpatient and emergency room care were the services most commonly utilized. An additional 11 hospitals reported the presence of HIV-positive individuals in their medical service areas. Thus, nearly 44 percent of the hospitals were aware of the importance of addressing HIV infection as a local concern. Employees in the hospitals that had experienced caring for HIV-positive persons expressed more concern about acquiring HIV infection than those in hospitals that had not. Four nursing assistants, two registered nurses, and one dietary worker had refused to provide care. HIV education consisted primarily of video programs, presentations by in-house staff, and sending employees away to workshops. Despite this HIV education, most staff remain fearful of caring for HIV infected patients. Major concerns expressed by the hospital admin-

istrators were related to enforcing universal precautions, confidentiality, staff response, community acceptance, and cost of care. Only 30 hospitals (48%) had AIDS policies in effect, and these focused primarily on infection control and universal precautions. The results of the study indicate that frontier rural hospital administrators are aware that increasing numbers of individuals with HIV infection will seek care and services from frontier hospitals.

129 NAL Call No: RA771.A1J68
HMOs and managed care: implications for rural physician manpower planning.
Weiner, J.P.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (4,suppl.): p. 373-387; 1991. In the series analytic: Issues and Trends in Availability of Heath Care Personnel in Rural America / edited by D.A. Kindig and T.C. Ricketts. Includes references.

Language: English

Descriptors: U.S.A.; Health care; Health maintenance organizations; Rural areas; Physicians; Trends; Supply balance; Social impact

Abstract: American health care is changing dramatically. Health maintenance organizations (HMOs) and other managed care plans are central to this change. Today, the majority of Americans living in metropolitan areas receive their care from these types of plans. The goal of this article is twofold. First, it will discuss the potential implications of HMOs and managed care for physician needs and supply in rural regions. Second, it will derive insight into alternative approaches for meeting rural health manpower needs by analyzing HMO staffing patterns. As HMOs and other managed care plans expand, rural physicians, their practices, and their patients will almost certainly be affected. As described in this paper, most of these effects are likely to be positive. The staffing patterns used by HMOs provide an interesting point of comparison for those responsible for rural health manpower planning and resource development. HMOs appear to meet the needs of their enrollees with significantly fewer providers than are available nationally or suggested by the federal standards. Moreover, HMOs make greater use of nonphysician providers such as a nurse practitioners and physician assistants.

130 NAL Call No: RA771.5.F56
HMOs in rural areas: pros, cons, and financial realities.
Christianson, J.B.; Shadle, M.
New York : Praeger.
Financing rural health care / edited by LaVonne Straub and Norman Walzer. p. 149-173; 1988. Includes references.

Language: English

Descriptors: U.S.A.; Health maintenance organizations; Rural areas; Program development; Finance; Case studies; Rural communities; Risks; Social benefits; Membership; Diversification; Health care costs

131 NAL Call No: HC107.A13A6
Homegrown talent meets healthcare need in Pennsylvania.
Baldwin, F.D.
Washington, D.C. : Appalachian Regional Commission, 1967-.
Appalachia : journal of the Appalachian Regional Commission v. 26 (3): p. 27-31; 1993.

Language: English

Descriptors: Pennsylvania; Cabt; Nurses; Health care; Rural areas

132 NAL Call No: RA771.A1J68
Hospital choice of medicare beneficiaries in a rural market: Why not the closest?
Adams, E.K.; Wright, G.E.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (2): p. 134-152; 1991. Includes references.

Language: English

Descriptors: Minnesota; North Dakota; South Dakota; Medicare; Medical treatment; Hospitals; Decision making; Elderly; Rural areas; Age differences; Illness; Urban areas

133 NAL Call No: RA771.A1J68
Hospital-sponsored rural health clinics: an effective diversification alternative for rural hospitals.
Bell, T.L.; Bell, S.L.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (1): p. 30-38; 1991. Includes references.

Language: English

Descriptors: North Carolina; Health clinics; Hospi-

tals; Rural areas; Case studies; Health care; Diversification

134 NAL Call No: RA771.6.N8K87 1990
The Hot Springs Health Program a case study.
Kushner, Christine
University of North Carolina at Chapel Hill, Health Services Research Center
Chapel Hill, NC : Health Services Research Center, University of North Carolina at Chapel Hill,. 22, [1] leaves : map ; 28 cm. "January, 1990. The University of North Carolina Rural Health Research program. ... supported by Grant No. HA-R-000016-02, from the Office of Rural Health Policy, Health Resources and Services Administration, Public Health Service, U.S. D.H.H.S.

Language: English

Descriptors: Hot Springs (N.C.); Hospitals; Shared services; Rural health services; Hot Springs Health Program

135 NAL Call No: 280.8 J824
How Campbell manages its rural health care dollars.
Laabs, J.J.
Costa Mesa, Calif. : ACC Communications, Inc.
Personnel journal v. 71 (5): p. 74-76, 78, 80-81; 1992 May.

Language: English

Descriptors: Health care; Sickness benefits; Rural areas; Work places

Abstract: By establishing an unusual managed health care network specifically targeting five of its small-town U.S. Operations, Campbell Soup Co. has realized a bonanza of medical savings while maintaining one of the highest levels of employee health care benefit plans in America.

136 NAL Call No: KF27.V444 1991
H.R. 2824, proposed rural health care pilot program and expanded sharing of federal health care resources hearing before the Subcommittee on Hospitals and Health Care of the Committee on Veterans' Affairs, House of Representatives, One Hundred Second Congress, first session, October 2, 1991. (HR 2824, proposed rural health care pilot program and expanded sharing of federal health care resources.)
United States. Congress. House. Committee on Veterans' Affairs. Subcommittee on Hospitals and Health Care
Washington : U.S. G.P.O. : For sale by the U.S. G.P.O., Supt. of Docs. Congressional Sales Office; Y 4.V 64/3:102-23.
iv, 117 p. ; 24 cm. Distributed to some depository libraries in microfiche. Shipping list no.: 92-254-P. Serial no. 102-23.

Language: English

Descriptors: Veterans; Hospitals, Veterans'; Hospitals; Community health services

137 NAL Call No: HV85.H85
Hunger, poverty, and malnutrition in rural Mississippi: developing culturally sensitive nutritional interventions.
Storer, J.H.; Frate, D.A.
Knoxville, Tenn. : School of Social Work, University of Tennessee.
Human services in the rural environment v. 14 (1): p. 25-30; 1990. Includes references.

Language: English

Descriptors: Mississippi; Blacks; Rural population; Hunger; Poverty; Nutritional state; Nutritional assessment; Low income groups; Diets; Health services; Cultural behavior

138 NAL Call No: RA771.A1J68
Impact of medicare's prospective payment system and the farm crisis on the health care of the elderly: a case study.
Sharp, T.S.; Halpert, B.P.; Breytspraak, L.M.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 4 (3): p. 45-56; 1988 Oct. In the series analytic: Rural Geriatrics and Gerontology / guest editor J.K. Cooper. Includes references.

Language: English

Descriptors: Missouri; Elderly; Health care; Rural areas; Medicare; Remittances; Farm indebtedness; Economic impact; Case studies

139 NAL Call No: RA771.A1J68
The impact of obstetrical liability on access to perinatal care in the rural United States.
Nesbitt, T.S.; Scherger, J.E.; Tanji, J.L.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (4): p. 321-335; 1989 Oct. Literature review. Includes references.

Language: English

Descriptors: U.S.A.; Health care; Rural areas; Obstetrics; Legal liability; Parturition

140 NAL Call No: RA975.R87Z54 1990
The impact of the New York State do-not-resuscitate law on rural hospitals.
Zilnik, Pamela; Strosberg, Martin A.
Schenectady, N.Y. : Union College,.
1 v. (various pagings) : ill. ; 28 cm. Cover title. Includes bibliographical references.

Language: English

Descriptors: Rural hospitals; Do-not-resuscitate orders

141 NAL Call No: RA771.A1J68
Implementing EACHs and RPCHs on a statewide basis: a preliminary analysis.
Hilsenrath, P.E.; Chien, R.C.; Rohrer, J.E.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (5): p. 618-629; 1991. In series analytic: Issues in the structure, financing, and viability of rural hospitals. Includes references.

Language: English

Descriptors: Iowa; Hospitals; Rural areas; Resource utilization; Economic viability; Community health services; Federal programs; Plan implementation and evaluation

142 NAL Call No: 151.65 P96
Improving the health of Indian teenagers, a demonstration program in rural New Mexico.
Davis, S.M.; Hunt, K.; Kitzes, J.M.
Washington, D.C. : Public Health Service.
Public health reports v. 104 (3): p. 271-278; 1989 May. Includes references.

Language: English

Descriptors: New Mexico; Adolescents; Health; American indians; Rural youth; Public services; Demonstrations; Program development

Abstract: The health status of Indian teenagers in the United States is below that of the general population. The usual barriers to the use of health care services that young people, including young Indians, encounter are compounded in rural areas by distance, isolation, and lack of appropriate services. To overcome these barriers in rural New Mexico, a public health demonstration project (a) established a single location where adolescents can receive multiple, integrated health care services free of charge; (b) set up the initial program of services at a rural school; (c) established links with existing agencies; and (d) incorporated community action toward creating change. The project began as a joint effort of three communities, the University of New Mexico (UNM), and the Albuquerque Area Indian Health Service (IHS) of the Public Health Service; a secondary level public school soon became a participant. The project is being replicated in two other communities that have formed separate partnerships with UNM and the area IHS; also the New Mexico Health and Environment Department has joined the effort in one community. Preliminary data suggest that the services are being used by a majority of the target population, with the proportions of boys and girls about equal.

143 NAL Call No: 151.65 P96
Increasing participation by private physicians in the EPSDT Program in rural North Carolina.
Selby, M.L.; Riportella-Muller, R.; Sorenson, J.R.; Quade, D.; Luchok, K.J.
Rockville, Md. : U.S. Department of Health & Human Services, Public Health Service.
Public health reports v. 107 (5): p. 561-568; 1992 Sep. Includes references.

Language: English

Descriptors: North Carolina; Preventive medicine; Children; Medicaid; Physicians; Participation; Rural areas; Medical services; Costs; Program effectiveness

Abstract: This study evaluated a method to increase physicians' participation in Early and Periodic Screening, Diagnosis and Treatment (EPSDT), a preventive health care program for Medicaid eligible children. Use of EPSDT can improve children's health status and reduce health care costs. Although the potential benefits of EPSDT are clear, the program is underused; low rates of participation by private physicians contribute to underuse. This study targeted a population of 73 primary care physicians in six rural counties in North Carolina where the physician supply, their participation in EPSDT, and use of EPSDT were low. A mailed intervention packet attempted to address barriers to participation perceived by private providers. The packet consisted of a carefully constructed letter, an informative journal article, and an educational pamphlet. Participation in EPSDT screening increased from 15 to 25 private physicians (67 percent), at a cost, on average, of less than $30 per recruited provider. Suggestions are presented for adapting the intervention packet to other settings.

144 NAL Call No: 281.9 M5842
Increasing the utilization of health services in rural areas of the United States and Great Britain: implications for Michigan.
Francoeur, R.B.; Stevens, R.D.
East Lansing, Mich. : The Department.
Agricultural economics report - Michigan State University, Department of Agricultural Economics (510): 31 p.; 1988 Mar. Literature review. Includes references.

Language: English

Descriptors: Michigan; U.S.A.; United Kingdom; Health care; Health services; Supply balance; Rural areas; Utilization; Centralization; Economies of scale; Consumer prices; Careproviders; Health care costs

145 NAL Call No: HQ796.J69
Indicators of rural youth drug use.
Sarvela, P.D.; McClendon, E.J.
New York, N.Y. : Plenum Publishing Corporation.
Journal of youth and adolescence v. 17 (4): p. 335-347; 1988 Aug. Includes references.

Language: English

Descriptors: Michigan; Wisconsin; Substance abuse; Rural youth; Age differences; Sex differences; Religion; Health beliefs; Peer influences; Alcoholic beverages; Tobacco smoking; Cocaine

Abstract: The relationships between personal substance use, health beliefs, peer use, sex, and religion were examined using data collected from 265 middle school students in rural northern Michigan and northeastern Wisconsin in January and February 1984. A positive correlation between peer and personal drug use was established. A relationship was also found between health beliefs and personal substance use. In addition, a regression model was able to account for a statistically significant amount of the variance of alcohol, marihuana, and cigarette use in the target population. Recommendations are made concerning future research, methods of improving health education program development, and possible target areas for psychotherapy.

146 NAL Call No: HB1323.I415
Infant mortality within minority and rural communities a global perspective on causes and solutions : a symposium.
United States, Congress, House, Select Committee on Hunger, National Commission to Prevent Infant Mortality (U.S.)
Washington : U.S. G.P.O. : For sale by the Supt. of Docs., Congressional Sales Office, U.S. G.P.O.,. v, 70 p. ; 24 cm. At head of title: 101st Congress, 2d session. Committee print. October 15, 1990. Includes bibliographical references (p. 70).

Language: English

Descriptors: Infants; Maternal health services; Maternal and infant welfare; Federal aid to maternal health services

Abstract: A House Committee print detailing the events at a joint symposium on infant mortality within minority and rural communities. The symposium was convened to explore a variety of community-based domestic and international interventions designed to reduce the high infant mortality rates within high risk populations. Measures discussed included oral rehydration therapy, breast feeding, and home visiting projects.

147 NAL Call No: HV701.C514
In-home health education for family day care providers: a rural community-based project.
Machida, S.
New York, N.Y. : Human Sciences Press.
Child & youth care quarterly v. 19 (4): p. 271-288; 1990. Includes references.

Language: English

Descriptors: California; Health education; Child day care; Child welfare; Child careproviders; Rural communities; Educational programs; Home safety; First aid; Infection; Sanitation; Infectious diseases; Skin diseases; Prevention

148 NAL Call No: 500 N484
Innovative desktop learning tools. Implications for rural hospitals and physicians.
Oeffinger, J.C.; Hiebeler, L.; Sherman, T.; Gaskill, M.; Portante, T.; Polasek, J.; Litterer, K.
New York, N.Y. : The Academy.
Annals of the New York Academy of Sciences v. 670: p. 76-90. maps; 1992. In the series analytic: Extended clinical consulting by hospital computer networks / edited by D.F. Parsons, C.M. Fleischer, and R.A. Greenes. Includes references.

Language: English

Descriptors: U.S.A.; Health care; Hospitals; Occupations; Innovations; Rural areas

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149 NAL Call No: RA771.A1J68
Inpatient nursing case management as a strategy for rural hospitals: A case study.
Sowell, R.; Fuszard, B.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (3): p. 201-215; 1989 Jul. Includes references.

Language: English

Descriptors: U.S.A.; Nursing; Rural areas; Hospitals; Human resources; Resource management; Case studies; Cost benefit analysis

150 NAL Call No: RA771.A1J68
The Iowa hospital visitation program: does outreach education affect management of neonatal resuscitation?
Hein, H.A.; Lathrop, S.S.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (4): p. 371-386; 1989 Oct. Includes references.

Language: English

Descriptors: Iowa; Hospitals; Health programs; Public relations; Resuscitation; Medical auxiliaries; Rural areas

151 NAL Call No: A00122
Is the PA supply in rural America dwindling?
Willis, J.B.
St. Louis, MO : Mosby.
Journal of the American Academy of Physician Assistants v. 3 (6): p. 433-435; 1990 Sep. Paper presented at the 19th Annual PA Conference, "Focus on Rural Health," May 25-31, 1991, San Francisco, California. Includes references.

Language: English

Descriptors: U.S.A.; Health care; Occupations; Supply; Rural areas; Demography

152 NAL Call No: RA771.A1J68
Is there a role for the small rural hospital?
Hart, L.G.; Amundson, B.A.; Rosenblatt, R.A.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 6 (2): p. 101-118; 1990 Apr. Includes references.

Language: English

Descriptors: U.S.A.; Hospitals; Rural areas; Roles; Health services; Long term care; Size; Geographical distribution; Policy

153 NAL Call No: RA771.A1R87 no.1
Is there a role for the small rural hospital?
Hart, L. Gary; Rosenblatt, Roger A.; Amundson, Bruce A.
Seattle, Wash. : WAMI Rural Health Research Center, Dept. of Family Medicine, Research Section, University of Washington,.
23 p. ; 28 cm. (Rural health working paper series ; .). Cover title. January, 1989. The WAMI Rural Health Research Center is supported by the Office of Rural Health Policy, Health Resources & Services Administration, Public Health Service. Includes bibliographical references (p. 15-16).

Language: English

Descriptors: Hospitals, Rural; Rural health se rvices; Rural health services

Abstract: Rural hospitals represent almost half of all short-stay nonfederal general hospitals in the United States but have been more severely affected than their urban counterparts by changes in reimbursement, regulation, and technology. One hundred sixty rural hospitals closed during the first eht years of the decade, and the rate of closure is accelerating. This paper uses secondary data sources to examine the structure, role, and content of rural hospitals, both in relationship to the needs of the populations they serve and in comparison with nonrural hospitals. Rural hospitals differ systematically from other hospitals in the United States, with smaller daily censuses, lower occupation rates, shorter lengths of stay, and disproportionately high shares of Medicare patients. They are dominated by very small institutions, with over 1,000 rural hospitals having fewer than 50 beds and an average daily census of 12.1 hospitals patients. Nearly half of the smallest rural hospitals-those with fewer than 25 beds-incorporate nursing homes, and in these situations the nursing component has more beds and more patients than the hospital portion of the facility. Small rural hospitals offer a core of basic services to the populations they serve. Emergency, obstetric, and newborn services are virtually ubiquitous in rural hospitals of all sizes, and they are also more likely to offer long-term nursing and home care services than urban hospitals of similar size. The inpatient diagnostic and procedural mix of these institutions demonstrates that they provide care for common medical and surgical conditions of low complexity. Rural hospitals are also relatively inexpensive, representing only six percent of total expenditures for hospital care. Given their central role in supporting the provision of health services to rural

areas, the apparent appropriateness of the conditions they treat, and their relatively modest cost, it would seem reasonable to use federal policy to stabilize our previous investment in these institutions.

154 **NAL Call No: RA771.5.F56**
Issues facing rural health care finance.
Boeder, S.
New York : Praeger.
Financing rural health care / edited by LaVonne Straub and Norman Walzer. p. 25-41; 1988. Includes references.

Language: English

Descriptors: U.S.A.; Rural communities; Health care; Health care costs; Fiscal policy; Usage; Trends; Access; Payment basis; Support systems; Community involvement; Community health services; Subsidies

155 **NAL Call No: RA771.A1J68**
Issues surrounding the distribution and utilization of nurse nonphysician providers in rural America.
Conway-Welch, C.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (4,suppl.): p. 388-401; 1991. In the series analytic: Issues and Trends in Availability of Heath Care Personnel in Rural America / edited by D.A. Kindig and T.C. Ricketts. Includes references.

Language: English

Descriptors: U.S.A.; Health care; Health services; Rural areas; Nurses; Midwives; Supply balance; Medical education; Health care costs; Cost effectiveness analysis; Quality; Physicians

Abstract: The cost and quality of health care is an ever-increasing concern. Responsible people are looking for logical solutions. One solution is the increased involvement of nurse practitioners and certified nurse midwives in the delivery of health care services to patients. This paper reviews the supply, education, and responsibilities of nurse practitioners and certified nurse midwives, government studies of the need for nonphysician providers, the cost-effectiveness of health care delivered by nurse practitioners and certified nurse midwives, and impediments to practice.

156 **NAL Call No: RA771.A1J68**
Job retention of medical clerical job training partnership act trainees in rural health care settings.
Troutt-Ervin, E.D.; Morgan, F.L.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (1): p. 74-78; 1992. Includes references.

Language: English

Descriptors: Illinois; Employment opportunities; Training; Medical services; Rural areas; Educational programs; Rural unemployment; Low income groups; Program development; Support systems; Social legislation

Abstract: According to the Bureau of Labor Statistics (cf. Crispell, 1990), the medical clerical field is one of the faster growing areas of employment. This paper reports on long-term employment of trainees involved in nontraditional medical clerical programs. These programs were funded by the Job Training Partnership Act (JTPA) and filled both the needs of the local rural health care facilities and the employment needs of unskilled youths and adults. These nontraditional students of low socioeconomic background and poor work history were successfully mainstreamed into university courses and consequently obtained productive employment. A follow-up study was conducted of 64 individuals who completed three different, one-year JTPA programs. The study investigated the following questions: Was the trainee currently employed? If so, was employment related to the training program, and were the quarterly salaries higher than minimum wage and previous salaries? How many different jobs were reported since training? Did the individual retain employment in a rural setting? The JTPA programs at Southern Illinois University included some innovative yet practical components that resulted in very high program completion rates, high initial placement, and a continuing pattern of long-term employment. These components included: emphasis on training for the most needed positions/jobs that matched university capabilities; the pursuit of higher starting salaries; informing participants of support services; training in job hunting and work readiness; using some individualized, competency-based instruction; establishing internship arrangements with prospective employers; and careful matching of the trainee to initial placement site with consideration of personality as well as skills.

157 **NAL Call No: RA771.A1J68**
Job satisfaction among hospital nurses: facility

size and location comparisons.
Coward, R.T.; Horne, C.; Duncan, R.P.; Dwyer, J.W.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (4): p. 255-267; 1992. Includes references.

Language: English

Descriptors: Florida; Nurses; Work satisfaction; Hospitals; Size; Rural areas; Urban areas; Sociology of work; Individual characteristics; Demography; Salaries; Professional recognition

Abstract: Despite recent declines in turnover and vacancy rates, maintaining a stable nursing staff continues to be critical to the effective operation of American hospitals. Job satisfaction is a pivotal element in nurse retention, and organizational theory suggests that some of the factors that influence job satisfaction vary by facility size. This is a study of job satisfaction among a sample of 731 nurses providing direct patient care in 22 hospitals. The sample includes approximately equal numbers of nurses employed in very small rural hospitals (1-49 beds), medium sized facilities located in small towns (50-99 beds), and larger metropolitan institutions (> 100 beds). Differences by hospital size were observed in overall job satisfaction and in five sub-dimensions of that concept (i.e., professional status, task requirements, pay, organizational policies, and autonomy). With the exception of pay, the results indicated that nurses employed in the very small rural hospitals were more satisfied with their jobs. Differences by hospital size were also observed in the personal characteristics of the nurses, several specific aspects of their job, and in their perceptions of job mobility. A set of four hierarchically nested ordinary least squares regression models indicated that job-specific characteristics were the most powerful predictors of job satisfaction.

158 **NAL Call No: RA771.A1J68**
Job satisfaction and retention of rural community health nurses in North Dakota.
Dunkin, J.; Juhl, N.; Stratton, T.; Geller, J.; Ludtke, R.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (4): p. 268-275; 1992. Includes references.

Language: English

Descriptors: North Dakota; Nurses; Work satisfaction; Health care; Rural communities; Size, . ge differences; Marriage; Family structure; Employment

Abstract: A correlation between job satisfaction and employment longevity has been demonstrated by a number of researchers. However, the measurable aspects of job satisfaction only partially explain an individual's tenure at a particular job. Information about the relationship between job satisfaction and retention of community health nurses in a rural state was provided by 258 community health nurses in North Dakota who responded to a mailed questionnaire. Job satisfaction assessment included measures of autonomy, task requirements, salary, benefits, rewards, professional status, organizational climate, and interpersonal interactions. Job satisfaction was analyzed by taking into account the individual importance of each component. While the majority (61%) of the responding nurses indicated that they expected to stay in their current jobs for a period of five years or more, they were dissatisfied with various aspects of their jobs. The greatest factor influencing the nurses' choice of current position was job availability, followed by preferences for the particular health care agencies or communities. These findings indicate that retention of rural nurses should focus on strategies that go beyond improving job satisfaction.

159 **NAL Call No: RA771.A1J68**
A lack of will: the perinatal care crisis in rural America.
Rosenblatt, R.A.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (4): p. 293-297; 1989 Oct. In the series analytic: Perinatal Care in Rural America / guest editor R.A. Rosenblatt. Includes references.

Language: English

Descriptors: U.S.A.; Parturition; Health care; Rural areas; Barriers

160 **NAL Call No: HC107.A13A6**
Lincoln County primary care center is a model for good health.
Casto, J.E.
Washington, D.C. : Appalachian Regional Commission.
Appalachia v. 25 (3): p. 13-18; 1992.

Language: English

Descriptors: West Virginia; Health clinics; Rural communities; Medical treatment; Health care; Community action

161 **NAL Call No: RA771.A1J68**
A literature review of health issues of the rural elderly.
Hassinger, E.W.; Hicks, L.L.; Godino, V.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 9 (1): p. 68-75; 1993. Literature review. Includes references.

Language: English

Descriptors: U.S.A.; Elderly; Health; Wellness; Rural population; Community health services; Support systems; Urban rural migration; Literature reviews

162 **NAL Call No: RA771.A1J68**
Locational decisions of physicians in rural North Carolina.
Rhodes, J.F.; Day, F.A.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (2): p. 137-153. maps; 1989 Apr. Includes references.

Language: English

Descriptors: North Carolina; Rural areas; Physicians; Location theory; Decision making; Models; Recruitment; Rural environment; Rural urban relations

163 **NAL Call No: HT401.S72**
Long-term care: state priority isssues and rural initiatives.
Dinkins Ford, D.E.
Mississippi State, Miss. : The Center.
SRDC series - Southern Rural Development Center (159): p. 1-8; 1992 Jun. In the series analytic: Rural Health Services. Includes references.

Language: English

Descriptors: Alabama; Georgia; Mississippi; Tennessee; Florida; Elderly; Long term care; Rural areas; Medicaid; State government; Health care; Community health services

164 **NAL Call No: RA771.A1J68**
Loss of a rural hospital obstetric unit: a case study.
Taylor, J.; Zweig, S.; Williamson, H.; Lawborne, L.; Wright, H.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (4): p. 343-352; 1989 Oct. Includes references.

Language: English

Descriptors: Missouri; Obstetrics; Rural areas; Hospitals; Closures

165 **NAL Call No: RA771.A1J68**
Maternity care as an essential public service: a proposed role for state government.
Gavin, K.; Leong, D.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (4): p. 404-411; 1989 Oct. Includes references.

Language: English

Descriptors: Vermont; Rural areas; Health services; Public services; State government; Roles; Maternity; Health care

166 **NAL Call No: RA771.5.F56**
Maximizing resources in a restrained environment.
Fickenscher, K.M.
New York : Praeger.
Financing rural health care / edited by LaVonne Straub and Norman Walzer. p. 129-147; 1988. Includes references.

Language: English

Descriptors: U.S.A.; Rural communities; Health care; Health care costs; Access; Systems approach; Integrated systems; Cooperatives; Leadership

167 **NAL Call No: RA771.A1J68**
Medical practice and satisfaction of physicians in sparsely populated rural counties of the United States: Results of a 1988 survey.
Movassaghi, H.; Kindig, D.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (2): p. 125-136; 1989 Apr. Includes references.

Language: English

Descriptors: U.S.A.; Rural areas; Counties; Physicians; National surveys; Opinions; Work satisfaction

168 **NAL Call No: LC5146.R87**
Medical-educational liaison: a valuable resource for rural educators.
Rawlins, P.; Stephens, P.

Las Cruces, NM : New Mexico State University. Rural special education quarterly v. 11 (3): p. 43-47; 1992. Includes references.

Language: English

Descriptors: Kansas; School children; Special education; Health services; Educational programs

169 NAL Call No: RA771.5.U5
Medicare number of rural hospitals terminating participation since the program began : report to the Chairman, Subcommittee on Health, Committee on Finance, U.S. Senate. (Number of rural hospitals terminating participation since the program began.)
United States. General Accounting Office; United States. Congress. Senate. Committee on Finance. Subcommittee on Health
Washington, D.C. : The Office,.
7 p. ; 28 cm. Title from cover. January 1988. GAO/HRD-88-46. "B-229962.", p. 1.

Language: English

Descriptors: Hospitals, Rural; United States; Rural health services; United States; Medicare

170 NAL Call No: KF26.F5 1989f
Medicare reimbursement to rural hospitals hearing before the Committee on Finance, United States Senate, One Hundred First Congress, first session, May 4, 1989.
United States. Congress. Senate. Committee on Finance
Washington [D.C.] : U.S. G.P.O. : For sale by the Supt. of Docs., Congressional Sales Office; Y 4.F 49:S.hrg.101-370.
v, 193 p. : ill. ; 24 cm. (S. hrg. ; 101-370). Distributed to some depository libraries in microfiche.

Language: English

Descriptors: Hospitals, Rural; United States; Finance; Medicare

171 NAL Call No: RA771.A1J68
Meeting the health care needs of rural elderly: client satisfaction with a university-sponsored nursing center.
Giltinan, J.M.; Murray, K.T.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (4): p. 305-310; 1992. Includes references.

Language: English

Descriptors: Pennsylvania; Elderly; Health care; Nursing; Health centers; Rural communities; Health promotion; Patients; Consumer satisfaction; Student participation; Learning experiences; Universities

Abstract: Responding to health care needs of the elderly has presented great challenges for health care professionals. These problems are compounded in rural communities by physical and social isolation, increased poverty, and lack of transportation. An innovative approach to meeting health needs of rural elderly is through nursing centers. Through an emphasis on health promotion and maintenance of optimal level of functioning, these primary health care facilities can foster independence and self-care for this targeted population. In addition, nursing centers serve as clinical sites for student learning experiences and settings for nursing research. This article focuses on a nursing center established at Edinboro University of Pennsylvania (EUP), which tailors its services to the elderly living in Edinboro. Results of a client satisfaction survey, based on the Risser Patient Satisfaction Instrument, are described in addition to patterns of nursing center usage, general categories of care, teaching interventions, referrals, counseling, and frequency of visits. Findings from the survey indicated a general high client satisfaction level with nursing care received at the center. Discussion also includes plans to expand services to elderly in the community through home visits.

172 NAL Call No: HT440.R47 1988
Meeting the rehabilitation needs of rural Americans papers from the first national conference of the Research and Training Center on Rural Rehabilitation Services.
Foss, Gilbert
Research and Training Center on Rural Rehabilitation Services. Conference 1988 : Missoula, Mont.)
Missoula, Mont. : The Center,.
58 p. : ill. ; 28 cm. March 1989. Includes bibliographical references.

Language: English

Descriptors: United States; Population, Rural; Rural renewal; Handicapped; Rural health services

173 NAL Call No: RA771.A1J68
Mental health and rural America: a decade review.
Wagenfeld, M.O.
Kansas City, Mo. : National Rural Health Associ-

ation.
The Journal of rural health v. 6 (4): p. 507-522; 1990 Oct. In series analytic: A Decade of Rural Health Research: Looking Back, Thinking Ahead / edited by R.T. Coward, J.W. Dwyer and M.K. Miller. Literature review. Includes references.

Language: English

Descriptors: U.S.A.; Mental health; Health services; Rural areas; Mental disorders; Research; Literature reviews

174 NAL Call No: RA771.A1J68
The merger of rural primary care and home health services.
Zuckerman, H.S.; Smith, D.G.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (1): p. 39-50; 1991. Includes references.

Language: English

Descriptors: Vermont; Health care; Home care; Rural areas; Mergers; Communication; Health promotion; Health services; Case studies

175 NAL Call No: RA771.A1J68
Metropolitan and nonmetropolitan adolescents: differences in demographic and health characteristics.
McManus, M.A.; Newacheck, P.W.; Weader, R.A.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 6 (1): p. 39-51; 1990 Jan. Includes references.

Language: English

Descriptors: U.S.A.; Adolescents; Rural urban relations; Demography; Health

176 NAL Call No: RA771.6.M8M57 1990
Missouri rural health a community challenge.
Missouri Rural Innovation Institute
Columbia, Mo. : Missouri Rural Innovation Institute : Univerity Extension,.
1 v. (various pagings) : ill., map ; 28 cm. "Resource Guide", cover. Includes bibliographical references.

Language: English

Descriptors: Rural health; Rural health clinics; Rural health services

177 NAL Call No: RA771.6.A6M6
Monograph. [Monograph (University of Arizona. Southwest Border Rural Health Research Center)].
University of Arizona, Southwest Border Rural Health Research Center
Tucson, Ariz. : Southwest Border Rural Health Research Center, College of Medicine, University of Arizona, 1988-.
v. ; 28 cm. Title from cover.

Language: English

Descriptors: Rural health services

178 NAL Call No: RA790.A1J68
Multidisciplinary treatment of pain in a small rural community.
Harris, J.L.; Rowe-Hallbert, A.; Gerlach, L.
Fresno, Calif. : California School of Professional Psychology.
Journal of rural community psychology v. 12 (1): p. 3-14; 1991. Includes references.

Language: English

Descriptors: Idaho; Pain; Medical treatment; Program effectiveness; Rural communities; Hospitals

Abstract: Archival and follow-up questionnaire data were collected from patients treated in a small rural multidisciplinary chronic pain treatment program in Pocatello, Idaho. Pre- and posttreatment improvement ratings were collected from service providers and patients; post hoc ratings of pain, improvement, activity level, and return to work were collected by questionnaire. A questionnaire return rate of 47% was seen. Findings suggest that the 10-day inpatient treatment program appeared to significantly reduce patients' pain complaints and a 69% return-to-work rate was reported.

179 NAL Call No: RA771.A1J68
Multihospital system affiliation as a survival strategy for rural hospitals under the prospective payment system.
Halpern, M.T.; Alexander, J.A.; Fennell, M.L.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (2): p. 93-105; 1992. Includes references.

Language: English

Descriptors: U.S.A.; Hospitals; Rural areas; Medicare; Payment basis; Economic impact; Partnerships

180 NAL Call No: RA771.A1J68

A multivariate assessment of the effects of residence on infant mortality.
Clarke, L.L.; Coward, R.T.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (3): p. 246-265; 1991. Includes references.

Language: English

Descriptors: Florida; Infant mortality; Mothers; Households; Urban areas; Rural areas; Risk; Health; Ethnicity; Age differences; Academic achievement; Marriage; Pregnancy; Health care; Low birth weight infants; Communities

Abstract: This research examines the relationship between residence and infant mortality. The purpose of the study was to identify the effects of maternal residence on infant mortality, using a multivariate model which included both individual and county-level variables known to be associated with suboptimal birth outcome. Data on all births in Florida during 1987 were drawn from birth and infant death certificates. In addition, information concerning county sociodemographic structure and medical resources were gathered and linked to the individual records. After examining the distributions of selected risk variables across a five-category measure of residence (from most urban to most rural), a logit model was estimated to predict the odds of an infant death associated with maternal residence. At the bivariate level, rural residents were found to have increased odds of an infant death compared to residents of all other residence categories. Second, a logit model was estimated that controlled for the influence of important maternal, infant, and county risk characteristics. The results of this second, more-fully specified model indicate that residence did not have an independent direct effect on infant mortality when the influence of the other risk factors was controlled. We conclude that although residence does not influence infant mortality directly, it does influence mortality indirectly through its association with key risk factors. In particular, because population characteristics and medical resources are differentially distributed across rural and urban areas, residence remains an important factor to be considered when predicting health outcomes. The implications of these findings for policy-makers and health planners, as well as for health services researchers are also discussed.

181 **NAL Call No: RA771.A1J68**
A national rural geriatrics program?
Cooper, J.K.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 4 (3): p. 5-9; 1988 Oct. In the series analytic: Rural Geriatrics and Gerontology / guest editor J.K. Cooper. Includes references.

Language: English

Descriptors: U.S.A.; Rural areas; National expenditure; Geriatrics; Gerontology; Public services; Health programs

182 **NAL Call No: HN79.A14R87**
Nebraska study attempts to identify common variables that explain closure of rural hospitals.
Turner, K.K.; Mallory, F.
Ames, Iowa : North Central Regional Center for Rural Development.
Rural development news v. 15 (3): p. 7-9; 1991 Jul.

Language: English

Descriptors: Nebraska; Hospitals; Rural areas; Towns; Medical services

183 **NAL Call No: S103.E2A37**
Neighbors helping neighbors.
Stotts, D.
Stillwater, Okla. : The Station.
Agriculture at OSU - Oklahoma State University, Agricultural Experiment Station v. 21 (2): p. 17; 1991.

Language: English

Descriptors: Oklahoma; Rural areas; Medical services

184 **NAL Call No: RA421.F35**
The nursing center in a rural community: The promotion of family and community health.
Fenton, M.V.; Rounds, L.; Iha, S.
Frederick, Md. : Aspen Publishers.
Family & community health v. 11 (2): p. 14-24; 1988 Aug. Includes references.

Language: English

Descriptors: U.S.A.; Nursing; Health centers; Rural communities; Community health services; Families; Children; Health care; Elderly; Pregnant women

185 **NAL Call No: RA771.A1J68**
Nursing supply and characteristics in the nonmetropolitan areas of the United States: findings

from the 1988 national sample survey of registered nurses.
Movassaghi, H.; Kindig, D.A.; Juhl, N.; Geller, J.M.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (4): p. 276-282; 1992. Includes references.

Language: English

Descriptors: U.S.A.; Nurses; Supply; Labor force; Rural areas; Health care; Geographical distribution; Academic achievement; Salaries; Health centers; Sociology of work; Size; Regional surveys

Abstract: This study examines the supply and selected characteristics of nurses working in nonmetropolitan areas of the United States using the most recent data reported in the third national sample survey of registered nurses in 1988. Nursing supply is analyzed in terms of the ratio of registered nurses per 100,000 people for three standard nonmetropolitan census county size classifications and nine regional groupings of states. Seven dimensions relating to the educational background and current professional characteristics of registered nurses are studied. Findings indicate a notable difference in the ratio of nurses per population across county size and regions of the country. In terms of characteristics selected for this study, the educational background, salary gap, and time spent in various activities differentiate nurses in rural areas from those working in urban counties. Results of this study should be particularly relevant because a variety of educational, financial, and other incentives are being considered to address what is perceived to be a crisis in rural nursing availability.

186 **NAL Call No: TX341.E3**
Nutritional and health status and pesticide exposure of farmworkers' children in Tulare County (California) 1969.
Brun, T.A.; Geissler, C.A.; Calloway, D.H.; Margen, S.
Reading : Gordon & Breach Science Publishers.
Ecology of food and nutrition v. 28 (1/2): p. 157-169; 1991. Includes references.

Language: English

Descriptors: California; Nutritional state; Health; Pesticide residues; Food safety; Rural areas; Poverty; Growth retardation; Cholinesterase; Ddt; Nutrient intake; Children

Abstract: The nutritional status of 191 rural, low-income subjects from the Porterville-Woodville area of Tulare County, California, was surveyed in 1969 at the request of, and in collaboration with, the medical staff of Salud Medical Clinic, Woodville, California. For comparative purposes, 28 middle-income children from the city of Visalia were also studied. The results indicate that dietary intake was adequate for most nutrients, with the exception of iron. However, a high incidence of microcytosis and low or deficient serum folate levels was observed along with a high prevalence of short stature. Evidence suggestive of organophosphate pesticide exposure was found in the low plasma cholinesterase activity of a number of children. The levels of DDT and DDE in serum were also found to be respectively twice and three times the mean values reported for non-exposed adult males.

187 **NAL Call No: RA771.A1J68**
Occupational health and the rural worker: agriculture, mining and logging.
Pratt, D.S.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 6 (4): p. 399-417; 1990 Oct. In series analytic: A Decade of Rural Health Research: Looking Back, Thinking Ahead / edited by R.T. Coward, J.W. Dwyer and M.K. Miller. Literature review. Includes references.

Language: English

Descriptors: U.S.A.; Farm workers; Miners; Logging; Farmers; Stress; Health; Occupational hazards; Safety at work; Rural areas; Respiratory disorders; Research; Literature reviews

188 **NAL Call No: RJ102.P83**
Off to a poor start infant health in rural America : a report.
Shotland, Jeffrey; Loonin, Deanne
Public Voice for Food and Health Policy
Washington, D.C. (Suite 522, 1001 Connecticut Ave., N.W. Washington 20036) : Public Voice,.
vi, 60 p. : ill. ; 28 cm. October 1988. Bibliography: p. 56-59.

Language: English

Descriptors: Infants; Health and hygiene; United States; Infants; United States; Mortality; Statistics; Rural poor; United States; Medical policy; United States

189 NAL Call No: RA790.A1J68
Older rural women: mythical, forbearing, and unsung.
Kivett, V.R.
Fresno, Calif. : California School of Professional Psychology.
Journal of rural community psychology v. 11 (1): p. 83-101; 1990. In the series analytic: Aging in rural places / edited by R.J. Scheidt and C. Norris-Baker. Literature review. Includes references.

Language: English

Descriptors: U.S.A.; Rural women; Elderly; Woman's status; Mental health; Role perception; Literature reviews

Abstract: Older rural women have built upon a rich heritage of courage, optimism, perseverance, and social action. They have acted upon and reacted to economic and social crises that threatened rural institutions and values. Despite these attributes and contributions, they remain largely mythical, uncelebrated, and among the most economically disadvantaged groups. Current economic and social crises occurring in rural areas have important implications for the well-being of older women. This article, drawing upon the historical and empirical literature, suggests that many of the mental health needs of older rural women can best be met by enhancing their proclivity to act upon their environment. Furthermore, it proposes that their history specifies the mechanisms through which their needs can best be met.

190 NAL Call No: 151.65 P96
One state's response to the malpractice insurance crisis: North Carolina's Rural Obstetrical Care Incentive Program.
Taylor, D.H. Jr; Ricketts, T.C. III; Berman, J.L.; Kolimaga, J.T.
Rockville, Md. : U.S. Department of Health & Human Services, Public Health Service.
Public health reports v. 107 (5): p. 523-529; 1992 Sep. Includes references.

Language: English

Descriptors: North Carolina; Pregnancy; Preventive medicine; Medical services; Insurance; Rural areas; Program effectiveness

Abstract: In the period 1985-89, there was a severe drop in obstetrical services in rural areas of North Carolina, partly because of rising malpractice insurance rates. The State government responded with the Rural Obstetrical Care Incentive (ROCI) Program that provides a malpractice insurance subsidy of up to $6,500 per participating physician per year. Enacted into law in 1988, the ROCI Program was expanded in 1991, making certified nurse midwives eligible to receive subsidies of up to $3,000 per year. To participate, practitioners must provide obstetrical care to all women, regardless of their ability to pay for services. Total funding for the program has increased from $240,000 to $840,000, in spite of extreme budgetary constraints faced by the State. The program and how its implementation has maintained or increased access to obstetrical care in participating counties are described on the basis of site visits to local health departments in participating counties and data from the North Carolina Division of Maternal and Child Health. The program is of significance to policy makers nationwide as both a response to rising malpractice insurance rates and reduced access to obstetrical care in rural areas, and as an innovative, nontraditional State program in which the locus of decision making is at the county level.

191 NAL Call No: HT401.S72
Options for restructuring hospitals.
Moore, M.M.
Mississippi State, Miss. : The Center.
SRDC series - Southern Rural Development Center (156): p. 11-14; 1992 Mar. In the series analytic: Rural health services. Includes references.

Language: English

Descriptors: U.S.A.; Hospitals; Rural areas; Health care; Structural change; Medical services

192 NAL Call No: RA410.8.O7O72 1988
Oregon's rural physicians a practice profile.
Osterud, Harold; Cawthon, Laurie; Whitaker, Karen
Oregon : s.n., 1988?
1 v. (unpaged) : ill., map ; 28 cm. Cover title. "Data are derived from the periodic Medical manpower in Oregon reports", Leaf [2].

Language: English

Descriptors: Physicians; Rural health services

193 NAL Call No: RA771.5.O73 1990
Organizing communities for change a guide for action.
Ludtke, Richard L.; Ahmed, Kazi
Lutheran Health Systems (Firm),University of North Dakota, Center for Rural Health

Fargo : N.D. : Lutheran Health Systems,.
1 v. (various pagings) : ill. ; 30 cm. Cover title. Based on experiences of the W.H. Kellogg sponsored ARCH (Affordable Rural Coalition for Health) project, coordinated by the University of North Dakota Center for Rural Health and Lutheran Health Systems. Includes bibliographical references.

Language: English

Descriptors: Rural health; Rural health services; Community health services

194 NAL Call No: RA975.R87K87 1991
Our Community Hospital the evolution of a primary care hospital. (Evolution of a primary care hospital Evolution of a rural primary care hospital.)
Kushner, Christine C.
University of North Carolina at Chapel Hill, Rural Health Research Program
Chapel Hill, NC : Health Services Research Center, University of North Carolina at Chapel Hill,.
21 leaves ; 28 cm. Caption title: Our Community Hospital, the evolution of a rural primary care hospital. The University of North Carolina Rural Health Research program. The North Carolina Rural Health Research Program is designated and supported by the Office of Rural Health Policy, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services, grant no. HA-R-000016-03. October 1991. Includes bibliographical references (leaves 18-19).

Language: English

Descriptors: Hospitals, Rural; Rural health services; Family medicine

195 NAL Call No: RA771.A1J68
Our community hospital: the evolution of a rural primary care hospital.
Kushner, C.; Bernstein, J.D.; Dihoff, S.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (3): p. 197-204; 1992. Includes references.

Language: English

Descriptors: North Carolina; Hospitals; Rural communities; Community involvement; Rural planning

Abstract: In the next few years, Our Community Hospital, located in the small town of Scotland Neck, NC, will undergo a conversion through which it may serve as an appropriate model for similar small hospitals in distressed rural communities. With technical and grant assistance from the Office of Rural Health and Resource Development of the North Carolina Department of Human Resources, the hospital has begun to phase out almost all acute care services and will expand and strengthen its focus on primary care, emergency medical services, and services for elderly persons. This paper addresses four issues of greatest concern to hospital administrators, rural health professionals, academics, and rural residents interested in hospital conversions: (1) community involvement during the planning process; (2) the evolution of the program's structure; (3) financing for the project; and (4) the development of cooperation between state and federal governments, foundations, and private groups. This case study describes one possible course in addressing an acute health care problem facing rural America-the viability of rural hospitals.

196 NAL Call No: RA771.A1J68
An overview of maternal and infant health services in rural America.
Hughes, D.; Rosenbaum, S.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (4): p. 299-319; 1989 Oct. Includes references.

Language: English

Descriptors: U.S.A.; Health services; Rural areas; Infants; Mothers; Low income groups; Decision making; Health insurance

197 NAL Call No: TX341.J6
Partners for improved nutrition and health, an innovative collaborative project.
Hinton, A.W.; Rausa, A.; Lingafelter, T.; Lingafelter, R.
Baltimore, Md. : Williams & Wilkins.
Journal of nutrition education v. 24 (1,suppl.): p. 67S-70S; 1992 Jan. Includes references.

Language: English

Descriptors: Mississippi; California; Arkansas; Georgia; Hunger; Malnutrition; Community involvement; Self help; Rural environment; Poverty; Health education; Nutrition education; Project implementation; Training; Low income groups

Abstract: The Freedom From Hunger Foundation (FFHF) of Davis, California, is committed to help-

ing the hungry and poor help themselves to eliminate the root causes of malnutrition and hunger. The Foundation's programs are founded on strategies to develop, test, and refine creative and innovative self-help strategies, with an emphasis on community-based self-help and mutual help solutions that enhance self-reliance and preserve dignity (1). With a forty-year history of conducting international relief programs, the Foundation in 1986 conducted a study on poverty in the United States.

198 NAL Call No: A00122
The PA's role in rural EMS education.
Johnson, R.B.; Jewell, G.S.
St. Louis, MO : Mosby.
Journal of the American Academy of Physician Assistants v. 3 (6): p. 429-432; 1990 Sep. Paper presented at the 19th Annual PA Conference, "Focus on Rural Health," May 25-31, 1991, San Francisco, California. Includes references.

Language: English

Descriptors: Wyoming; Medical services; Emergencies; Rural communities; Health education; Health promotion; Disease prevention; Occupations

199 NAL Call No: RA771.A1J68
Patterns of illness behavior among rural elderly: preliminary results of a health diary study.
Palo Stoller, E.; Forster, L.E.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (1): p. 13-26; 1992. Includes references.

Language: English

Descriptors: New York; Elderly; Illness; Rural areas; Urban areas; Health care; Self care; Symptoms; Personal support networks; Age differences; Sex differences; Households; Employment; Household income; Academic achievement

Abstract: This paper summarizes the responses of rural elderly people to a variety of symptoms experienced during a three-week period. Responses to symptoms included causal attributions, consultation patterns, and intervention strategies. Data recorded in diaries during a three-week period highlight the importance of lay care in the illnesses of older people. Most symptoms were managed by older respondents themselves. When symptoms were discussed with someone else, the consultant was most likely a family member or friend rather than a health care professional. Only one third of the respondents contacted any formal provider about any of their symptoms. The majority of respondents combined medical and nonmedical explanations in interpreting their symptoms. The most frequent response to a symptom was doing nothing. The next two most commonly reported interventions were over-the-counter medications and activity limitation. Analyses revealed few differences among residential categories in patterns of illness behavior. Rural-urban differences often disappeared when controlling for demographic and socioeconomic background which covary with residence.

200 NAL Call No: HV85.H85
Patterns of long-term care services for the rural elderly: A community approach.
Gibbons, J.E.; Camp, H.J.; Kaiser, M.A.
Knoxville, Tenn. : School of Social Work, University of Tennessee.
Human services in the rural environment v. 14 (3): p. 6-11; 1991. Includes references.

Language: English

Descriptors: Kansas; Elderly; Rural communities; Long term care; Health care; Public services

201 NAL Call No: A00127
Physician distribution and rural health care in the States. 1. An overview of state legislative activity, 1984-1989.
Donohoe, E.A.
Philadelphia, PA : Hanley & Belfus.
Academic medicine v. 65 (12,suppl.): p. S92-S113; 1990 Dec. Paper presented at the 1990 Invitational Symposium "Rural Health: A Challenge for Medical Education," February 1-3, 1990, San Antonio, Texas. Part 2, State legislative summaries addressing physician distribution and rural health care, 1984-1989, p. S102-S113. Includes references.

Language: English

Descriptors: U.S.A.; Physicians; Distribution; Rural areas; Health care; Legislation; State government

202 NAL Call No: HT401.S72
Physician recruitment and retention: a community effort.
Reinheimer, R.
Mississippi State, Miss. : The Center.
SRDC series - Southern Rural Development Center (156): p. 15-18; 1992 Mar. In the series analytic: Rural health services. Includes references.

Language: English

Descriptors: U.S.A.; Physicians; Supply; Rural communities; Recruitment; Health care; Medical services; Community action; Community involvement

203 NAL Call No: RA771.A1R87 no.15
Physician staffing of small rural hospital emergency departments rapid change and escalating cost.
Williamson, Harold A.
Seattle, Wash. : WAMI Rural Health Research Center, Dept. of Family Medicine, Research Section, University of Washington,.
19 leaves ; 28 cm. (Rural health working paper series ;). "September 1991", Cover. Includes bibliographical references (leaves 14-16).

Language: English

Abstract: We surveyed all 37 rural Washington State hospitals with less than 100 beds to determine how rural emergency departments (EDs) are staffed by physicians and to estimate rural hospital payments for ED physician services. Only five hospital EDs (14%) were still covered by the traditional rotation of local physicians, billing fee-for-service. Ten hospitals (27%) paid local private practitioners to provide ED coverage. Twelve other hospitals (32%) hired visiting ED physicians to cover weekends and/or evenings. The remaining ten rural EDs (27%) were staffed entirely by external contract physicians. Thus, 86 percent of rural hospitals contracted for ED coverage and 59 percent obtained some or all of this service from nonlocal physicians. Most of the 32 hospitals with some form of contracted services have changed to this ED coverage in the last few years. The cost of these services is high, particularly for the smallest hospitals which have fewer than eight ED visits per day and pay physician wages of nearly $100 per visit. Emergency staffing responsibility has shifted from local practitioners to the hospital administrators because of rural physician scarcity and a desire to improve quality and convenience. The cost of these changes may further undermine the economic viability of the smaller rural hospitals.

204 NAL Call No: RA771.A1J68
Physician staffing of small rural hospital emergency departments: rapid change and escalating cost.
Williamson, H.A.; Rosenblatt, R.A.; Hart, L.G.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (3): p. 171-177; 1992. Includes references.

Language: English

Descriptors: Washington; Hospitals; Physicians; Rural areas; Health care; Health care costs; Personnel management

Abstract: We surveyed all 37 rural Washington state hospitals with fewer than 100 beds to determine how rural emergency departments are staffed by physicians and to estimate rural hospital payments for emergency department physician services. Only five hospital emergency departments (14%) were still covered by the traditional rotation of local practitioners and billed on a fee-for-service basis. Ten hospitals (27%) paid local private practitioners to provide emergency department coverage. Twelve other hospitals (32%) hired visiting emergency department physicians to cover only weekends or evenings. The remaining 10 rural emergency departments (27%) were staffed entirely by external contract physicians. Thus, 86 percent of rural hospitals contracted for emergency department coverage, and 59 percent obtained some or all of this service from nonlocal physicians. Most of the 32 hospitals with some form of contracted services have changed to this emergency department coverage in the last few Years. The cost of these services high, particularly for the smallest hospitals that have fewer than eight emergency department visits per day and pay physician wages of nearly $100 per patient visit. Emergency staffing responsibility has shifted from local practitioners to the hospital administrators because of rural physician scarcity and a desire to improve quality and convenience. The cost of these changes may further undermine the economic viability of the smaller rural hospitals.

205 NAL Call No: A00127
Physicians for the American homelands.
Bruce, T.A.
Philadelphia, PA : Hanley & Belfus.
Academic medicine v. 65 (12,suppl.): p. S10-S21; 1990 Dec. Paper presented at the 1990 Invitational Symposium "Rural Health: A Challenge for Medical Education," February 1-3, 1990, San Antonio, Texas. Commentaries by D.A. Kindig, p. S15-S17, and A. Kaufman, p. S18-S21. Includes references.

Language: English

Descriptors: U.S.A.; Arkansas; Physicians; Medical education; Recruitment; Supply; Rural areas; Cur-

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riculum; Educational reform; Support systems; Rural urban relations; Specialization

Abstract: Academic health centers in the United States are in danger of becoming more and more irrelevant to the non-tertiary, primary health care needs of modern society. This paper explores options to respond to one segment that repeatedly has been demonstrated to be in distress: rural health care. Recommendations are made about selective recruitment into medical and other health schools to address the issue, early professional socialization, curricular reform and the types of technical assistance that academic centers might well provide to rural practitioners and caregiver institutions.

206 **NAL Call No: 151.65 P96**
Piecing together the crazy quilt of prenatal care.
Machala, M.; Miner, M.W.
Rockville, Md. : U.S. Department of Health & Human Services, Public Health Service.
Public health reports v. 106 (4): p. 353-360; 1991 Jul. Includes references.

Language: English

Descriptors: Idaho; Health services; Prenatal period; Supplemental feeding programs; Rural areas; Program development; Public health

Abstract: The failure to provide adequate prenatal care for low-income pregnant women in the United States and the effects of this failure on infant mortality are well known. Many studies have identified institutional barriers against access to care as a major cause. To overcome these barriers, Public Health District V, South Central Idaho, has created a comprehensive prenatal health care model that has almost tripled participation in its program during the first year of implementation and increased it again significantly during the second year. This decentralized pregnancy program has succeeded in getting all of the physicians offering obstetrical care in the district to serve low-income pregnant clients on a rotating basis. The new program provides pregnancy testing as well as financial screening services. Also, it has combined support services into one-stop-shopping clinics that include an innovative expansion of the Women, Infants and Children (WIC) Program of the U. S. Department of Agriculture. WIC food vouchers help attract clients into the prenatal care system and keep them coming. Enrichment of the duties of the public health nurse provides case coordination that pulls together the patchwork of medical and support services for the pregnant client.

207 **NAL Call No: RA771.A1J68**
Poverty, primary care and age-specific mortality.
Farmer, F.L.; Stokes, C.S.; Fiser, R.H.; Papini, D.P.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (2): p. 153-169; 1991. Includes references.

Language: English

Descriptors: U.S.A.; Mortality; Poverty; Age differences; Health care; Health services; Rural areas; Sex differences

208 **NAL Call No: RA771.A1J68**
Prenatal diet adequacy among rural Alabama blacks.
Leeper, J.D.; Nagy, M.C.; Hullett-Robertson, S.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (2): p. 134-138; 1992. Includes references.

Language: English

Descriptors: Alabama; Diet; Maternal nutrition; Health; Pregnancy; Women; Blacks; Low income groups; Rural areas; Demography; Dietary surveys

209 **NAL Call No: RA771.A1J68**
Primary care dilemma: career ladders without rungs.
Pratt, D.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (4): p. 246-253; 1992. Responses by T.A. Bruce on p. 248-249, E. Friedman on p. 249-250, and J.L. Bigbee on p. 251-252, and a reaction by D. Pratt on p. 252-253. Includes references.

Language: English

Descriptors: U.S.A.; Health care; Nurses; Professional competence; Medical education; Professional recogaition; Rural areas; Career development

210 **NAL Call No: RA771.6.A6M6 no.14**
Primary care via a mobile health unit a case from rural Arizona.
Lopes, Phillip M.
Southwest Border Rural Health Research Center
Tucson, Ariz. : Southwest Border Rural Health

Research Center, College of Medicine, University of Arizona,.
27 leaves ; 28 cm. (Monograph / Southwest Border Rural Health Research Center ; no. 14). July 1990. Includes bibliographical references (leaves 25-27).

Language: English

Descriptors: Rural health services; Medically underserved areas; Health promotion

Abstract: This paper describes the experience of operating a mobile primary care clinic. The clinic serves low-income, medically underserved communities in Pima County, Arizona. Over a period of ten years, the Rural Health Office of the University of Arizona has operated two mobile units. The unit presently in use began operation in mid-1987. The program philosophy and history are recounted. Each of the services, Primary Care, Health Promotion and Disease Prevention, Health Professional Education, and Communtiy Involvement, are outlined, as well as util ization patterns and client demographics. The effectiveness of a mobile unit in the provision of primary care, including client acceptance and potential for meaningful community involvement, is addressed.

211 NAL Call No: RA771.A1J68
Professional preparation for rural medicine.
Bruce, T.A.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 6 (4): p. 523-526, 549-552; 1990 Oct. In series analytic: A Decade of Rural Health Research: Looking Back, Thinking Ahead / edited by R.T. Coward, J.W. Dwyer and M.K. Miller. Includes references.

Language: English

Descriptors: U.S.A.; Professional education; Medicine; Curriculum; Rural areas

212 NAL Call No: RA771.5.H3
A profile of maternal and child health in rural areas.
McManus, M.; Greaney, A.
Washington, D.C. : National Governors' Association.
Health issues in rural America / by Rick Curtis ... [et al.]. p. 81-85; 1988.

Language: English

Descriptors: U.S.A.; Women; Children; Health; Rural welfare; Poverty; Health services; Health care costs

213 NAL Call No: HT401.S72
Programming for community health through Cooperative Extension Services.
Garland, B.; Derthick, S.
Mississippi State, Miss. : The Center.
SRDC series - Southern Rural Development Center (156): p. 3-5; 1992 Mar. In the series analytic: Rural health services. Includes references.

Language: English

Descriptors: Georgia; North Carolina; Health programs; Rural areas; Cooperative extension service; Plan implementation and evaluation; Community health services; Community programs

214 NAL Call No: RA771.A1J68
Prolonged travel time to Neonatal Intensive Care Unit does not affect content of parental visiting: a controlled prospective study.
Callahan, E.J.; Brasted, W.S.; Myerberg, D.Z.; Hamilton, S.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (1): p. 73-83; 1991. Includes references.

Language: English

Descriptors: U.S.A.; Parent child relationships; Infants; Illness; Risk; Hospitals; Visits; Duration; Rural areas; Demography; Mothers; Fathers; Visitor behavior

215 NAL Call No: HD7269.A292U55 1989
A proposal for the North Carolina agricultural and rural occupational medicine program.
Hartye, James; Ricketts, Thomas C.
University of North Carolina at Chapel Hill, Health Services Research Center
Chapel Hill, NC : Health Services Research Center, University of North Carolina at Chapel Hill,. 8 leaves ; 28 cm. October 1989. "The University of North Carolina Rural Health Research program", Cover. Supported by Grant No. HA-R-000016 from the Office of Rural Health Policy, Health Resources and Services Administration, Public Health Service, U.S. D.H.H.S. Includes bibliographical references (leaf 8).

Language: English

Descriptors: Agriculture; Farming; Rural health services

Abstract: Agriculture and farming is now the most dangerous occupation in the United States but less rural medical care is available for this occupation. This paper outlines what an agricultural and rural occupational medicine program in North Carolina should be.

216 NAL Call No: RA410.7.R631 1991
Proposed strategies for fulfilling primary care professional needs II Nurse practitioners, physician assistants, and certified nurse midwives.
Rodos, J. Jerry; Peterson, Barbara
National Health Service Corps (U.S.)
Rockville, Md. : National Health Service Corps,.
145 p. ; 29 cm. Cover title. As approved August 1, 1991. Includes bibliographical references (p. [97]-145).

Language: English

Descriptors: Nurse practitioners; Midwives; Rural health services

217 NAL Call No: RA771.5.H3
Provider participation in public programs: rural issues in maternity care.
Lewis-Idema, D.
Washington, D.C. : National Governors' Association.
Health issues in rural America / by Rick Curtis ... [et al.]. p. 73-79; 1988. Includes references.

Language: English

Descriptors: U.S.A.; Rural welfare; Public services; Physicians; Obstetrics; Participation; Maternity benefits; Medicaid; Child welfare; Program evaluation; Social legislation; Health care costs

218 NAL Call No: AS911.L6A3
Providing access to affordable health care: strategies supported by Northwest Area Foundation.
St. Paul, Minn. : Northwest Area Foundation.
Northwest report (11): p. 26-28; 1991 Apr.

Language: English

Descriptors: Minnesota; South Dakota; Oregon; North Dakota; Montana; Idaho; Missouri; Washington; Health care costs; Low income groups; Rural areas; Grants

219 NAL Call No: AS911.L6A3
Providing access to health care in rural areas: strategies supported by Northwest Area Foundation.
St. Paul, Minn. : Northwest Area Foundation.
Northwest report (12): p. 9-10; 1992 Mar.

Language: English

Descriptors: Minnesota; South Dakota; Oregon; Montana; Missouri; North Dakota; Washington; Health care; Rural areas

220 NAL Call No: HV85.H85
Providing social and health care services in a small community: a multidisciplinary approach in a family practice clinic.
Mackelprang, R.W.
Cheney, WA : Eastern Washington University.
Human services in the rural environment v. 15 (1): p. 19-24; 1991. Includes references.

Language: English

Descriptors: Washington; Health care; Rural communities; Social workers; Training; Educational programs

221 NAL Call No: RA771.A1J68
Provision of comprehensive perinatal services through rural outreach: a model program.
Bahry, V.J.; Fullerton, J.T.; Lops, V.R.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (4): p. 387-396; 1989 Oct. Includes references.

Language: English

Descriptors: California; Rural areas; Health care; Health services; Public relations; Parturition

222 NAL Call No: Audiocassette no.231
Public health challenges facing rural Americans over the next decade D. Smith.
Smith, D.
National Rural Health Association (U.S.), ConferenceReno, Nev.)
San Diego, CA : Convention Recorders, [1989?].
1 sound cassette (45 min.) : analog. Recorded at the National Rural Health Association's annual national conference in Reno, Nevada, April 30-May 3, 1989. D. Parham, listed as speaker on cassette label, does not appear on this program.

Language: English

Descriptors: Rural health services

Abstract: D. Smith discusses the future of rural health care delivery in the United States. The topics of indigent care, health care professionals,

changing health care, and reimbursement/financial isuues are covered.

223 NAL Call No: AS911.L6A3
Pulling rural health care out of the Twilight Zone: How to involve local residents.
McGinnis, P.
St. Paul, Minn. : Northwest Area Foundation.
Northwest report (12): p. 2-8; 1992 Mar.

Language: English

Descriptors: Oregon; Washington; Idaho; Health care; Rural areas

224 NAL Call No: RA771.A2R26 1992
RAP, rapid assessment procedures qualitative methodologies for planning and evaluation of health related programmes. (Rapid assessment procedures Rapid assessment methodologies.)
Scrimshaw, Nevin S.; Gleason, Gary R.
Boston, Mass. : International Nutrition Foundation for Developing Countries :.
viii, 528 p. : ill. ; 23 cm. Running title: Rapid assessment methodologies. Based on an international conference held at the Pan American Health Organization, Washington, D.C., November 1990, funded by UNICEF, organized by the United Nations University. Includes bibliographical references.

Language: English

Descriptors: Rural health services; Medical care

Abstract: Describes the wide range of applications that have been found for qualitative assessment methodology in the planning, evaluating and improving of nutrition and health related intervention programs.

225 NAL Call No: RA771.A1J68
Reaching children of the uninsured and underinsured in two rural Wisconsin counties: findings from a pilot project.
Clarridge, B.R.; Larson, B.J.; Newman, K.M.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 9 (1): p. 40-49; 1993. Includes references.

Language: English

Descriptors: Wisconsin; Health; Health protection; Children; Low income groups; Health insurance; Health care costs; Preventive medicine; Rural areas; Poverty; Age differences; Sex differences

Abstract: Debates about the accessibility, costs, and coverages of health care for the population at large have recently accelerated. This paper addresses some of the demographic, health, and fiscal ramifications of creating a preventive health care bridge to children in uninsured and underinsured families in two rural Wisconsin counties. The study findings revealed that the initial health status of children making a preventive health visit under a minimal copayment plan was noticeably worse than the status of those who had the free Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program available to them on a more or less continual basis. Upon their first visit, the children who did not have access to a free EPSDT program had a greater number of medical and dental health problems and fewer preventive dental care visits than their EPSDT contemporaries. Beyond a greater number of problems, however, we found no noticeable differences between the two groups in the types of health problems present (i.e. the clinical distribution of the problems was similar across the two groups). This paper also contrasts referral completion rates and rates of diagnostic confirmation of identified problems between the two groups. Finally, we provide estimates of the cost of coverage for each unprotected child.

226 NAL Call No: RA771.A1R87 no.10
Readmission following surgery in Washington State rural hospitals.
Welch, H. Gilbert
Seattle, Wash. : WAMI Rural Health Research Center, Dept. of Family Medicine, Research Section, University of Washington,.
23 leaves : ill. ; 28 cm. (Rural health working paper series ;). January 1991. Includes bibliographical references (leaves 14-15).

Language: English

Abstract: Because of concern about the quality of care in rural hospitals, we examined readmission following four surgical procedures commonly performed in Washington state rural hospitals: appendectomy, cesarean section, cholecystectomy and transurethral prostatectomy. Readmissions to any hospital in the state within 7 and 30 days of discharge were identified and compared to corresponding data for urban hospitals. During the two-year period examined, there were no significant differences in readmission rates for surgeries performed in rural and urban hospitals. Readmission rates for all four procedures were nominally

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lower in rural hospitals. Analyses which either restricted age or excluded Medicaid, self-pay, charity, and rural patients receiving care at urban facilities did not change these results. Investigating readmission rates following common surgeries, we found no evidence of low quality care in Washington state rural hospitals. Early readmission is an imperfect marker for poor surgical outcome, however, and other proxies for quality remain to be examined.

227 NAL Call No: RA771.A1J68
Rebuilding a rural obstetrical program: a case study.
Reimer, G.M.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (4): p. 353-360; 1989 Oct. Includes references.

Language: English

Descriptors: Nevada; Obstetrics; Rural areas; Health programs

228 NAL Call No: HT401.S72
Recruitment and retention of nursing personnel in a rural area.
Havard, B.
Mississippi State, Miss. : The Center.
SRDC series - Southern Rural Development Center (156): p. 19-21; 1992 Mar. In the series analytic: Rural health services. Includes references.

Language: English

Descriptors: U.S.A.; Nurses; Nursing; Personnel; Rural areas; Recruitment; Health care; Incentives

229 NAL Call No: RA771.A1J68
Recruitment and retention of rural physicians: issues for the 1990s.
Crandall, L.A.; Dwyer, J.W.; Duncan, R.P.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 6 (1): p. 19-38; 1990 Jan. Includes references.

Language: English

Descriptors: U.S.A.; Rural areas; Physicians; Recruitment; Structural change; Economic situation; Supply balance

230 NAL Call No: RA421.F35
A reexamination of community participation in health: Lessons from three community health projects.
Cook, H.L.; Goeppinger, J.; Brunk, S.E.; Price, L.J.; Whitehead, T.L.; Sauter, S.V.H.
Frederick, Md. : Aspen Publishers.
Family & community health v. 11 (2): p. 1-13; 1988 Aug. Includes references.

Language: English

Descriptors: North Carolina; Virginia; Community health services; Rural communities; Participation; Community programs; Health programs; Cultural influences; Public relations

231 NAL Call No: RA771.A1J68
The relationship of rural clinical rotations to where registered nurses practice.
Gordon, I.T.; Denton, D.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (4): p. 298-304; 1992. Includes references.

Language: English

Descriptors: Arizona; Nurses; Nursing; Rural areas; Medical education; Clinical experience; Educational programs

Abstract: An objective of exposing health profession students to rural clinical experiences was to overcome problems of geographic maldistribution of health personnel. Nevertheless, little can be said about the impact of rural training rotations on the supply of health personnel in rural areas or on students' decisions about where to practice. To assess the relationship between rural clinical rotations and practice locale, surveys were administered to all applicants taking registered nurse exams in Arizona in July 1990, February 1991, and July 1991. The students most likely to be working in rural locations were rural high school graduates with rural clinical experience during nursing school. Students who were urban high school graduates with rural clinical experience were only slightly less likely to locate in rural areas. Rural and urban high school graduates with no rural clinical experience were far less likely to choose rural practice. Rural rotations were associated with rural job selection only if students attended rural educational programs.

232 NAL Call No: RA771.A1J68
Residence differences in the health status of elders.
Cutler, S.J.; Coward, R.T.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 4 (3): p. 11-26; 1988 Oct. In the series analytic: Rural Geriatrics and

Gerontology / guest editor J.K. Cooper. Includes references.

Language: English

Descriptors: U.S.A.; Elderly; National surveys; Aging; Rural urban relations; Health; Location theory

233 NAL Call No: HT421.S63
Residential options for rural Minnesota elderly.
Schrader, S.L.; McTavish, D.G.
St. Paul, Minn. : The Service.
Sociology of rural life - Minnesota University, Agricultural Extension Service v. 12 (2): p. 3-4, 7-8; 1992.

Language: English

Descriptors: Minnesota; Elderly; Rural population; Rural housing; Demography; Nursing homes; Newspapers

234 NAL Call No: RA771.5.H3
Restructuring rural hospitals.
Rosenberg, S.; Runde, D.
Washington, D.C. : National Governors' Association.
Health issues in rural America / by Rick Curtis ... [et al.]. p. 11-35; 1988. Includes references.

Language: English

Descriptors: U.S.A.; Rural welfare; Hospitals; Structural change; Fiscal policy; Medicare; Rural economy; Medicaid; Nurses; Networking

235 NAL Call No: RA771.5.H3
Restructuring the Mono (County) General Hospital.
Rosenberg, S.; Runde, D.
Washington, D.C. : National Governors' Association.
Health issues in rural America / by Rick Curtis ... [et al.]. p. 37-39; 1988.

Language: English

Descriptors: California; Rural welfare; Hospitals; Structural change; Counties; Fiscal policy; Case studies

236 NAL Call No: HT421.S63
Role of health care systems in rural communities.
Stevenson, J.
St. Paul, Minn. : The Service.
Sociology of rural life - Minnesota University, Agricultural Extension Service v. 12 (2): p. 5-6; 1992.

Language: English

Descriptors: Minnesota; Health services; Rural communities; Hospitals; Nursing homes; Health care costs

237 NAL Call No: RA771.A1J68
The role of nursing education in preparing students for rural practice.
Straub, L.A.; Frels, L.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (4): p. 291-297; 1992. Paper presented at the meeting of the National Rural Health Association, May 1991, Seattle, WA. Includes references.

Language: English

Descriptors: U.S.A.; Nursing; Medical education; Health care; Rural areas; Program evaluation; Regional surveys

Abstract: This paper discusses research on the role of nursing education in preparing students for rural practice. The purpose of the research was to learn how education programs respond to unique features of rural nursing. Results from a two-phase nationwide survey of 275 baccalaureate nursing programs are presented. The first phase identified programs offering a rural track, the second phase was a follow-up survey to the deans and faculty of rural-oriented programs. These findings indicate educators recognize that rural nursing differs from urban nursing because of cultural and demographic features, as well as technical and economic characteristics. Most educators believe their role should include developing student interest in rural practice. Recommendations from the findings are presented.

238 NAL Call No: RA421.F35
The rural Alabama pregnancy and infant health program.
Nagy, M.C.; Leeper, J.D.; Hullett, S.; Northrup, R.; Newell, W.H.
Frederick, Md. : Aspen Publishers.
Family & community health v. 11 (2): p. 49-56; 1988 Aug. Includes references.

Language: English

Descriptors: Alabama; Rural communities; Community health services; Pregnant women; Infants; Health care; Infant mortality; Blacks; Early child-

hood development; Prenatal development; Health programs; Educational programs

239 NAL Call No: aHN90.C6R78
Rural America and the revolution in health care.
Bauer, J.C.; Weis, E.M.
Washington, D.C. : U.S. Department of Agriculture, Economic Research Service.
Rural development perspectives : RDP v. 5 (3): p. 2-6. ill; 1989 Jun. Includes references.

Language: English

Descriptors: U.S.A.; Health care; Rural communities; Hospitals; Population dynamics; Physicians; Nurses; Emergencies

240 NAL Call No: RA771.A1J68
Rural America in the 1980s: a context for rural health research.
Coward, R.T.; Miller, M.K.; Dwyer, J.W.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 6 (4): p. 357-363; 1990 Oct. In series analytic: A Decade of Rural Health Research: Looking Back, Thinking Ahead / edited by R.T. Coward, J.W. Dwyer and M.K. Miller. Includes references.

Language: English

Descriptors: U.S.A.; Rural society; Health; Health care; Research; Cultural sociology; Poverty; Population distribution; Agricultural crises

241 NAL Call No: RA771.A1J68
Rural communities and health care.
Bruce, T.A.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (5): p. 471-472; 1991. In series analytic: Issues in the structure, financing, and viability of rural hospitals.

Language: English

Descriptors: U.S.A.; Hospitals; Health care; Rural communities

242 NAL Call No: RA771.A1J68
Rural community and physican perspectives on resource factors affecting physician retention.
Conte, S.J.; Imershein, A.W.; Magill, M.K.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (3): p. 185-196; 1992. Includes references.

Language: English

Descriptors: Florida; Physicians; Personnel management; Rural communities; Attitudes; Perception; Health services; Surveys

Abstract: This study was undertaken to investigate issues affecting recruitment and retention of physicians in a rural north Florida community. As part of this investigation, the authors examined the relevant context of medical care and physician practice for this community. The results identify a number of problems not uncommon in rural communities and supported by previous literature. Physicians felt isolated, dissatisfied with job security and professional autonomy, and frustrated by a lack of cooperation among the major providers of health care. More importantly, upon closer scrutiny, some of the most appealing characteristics of this community for incoming physicians become its weaknesses. Access to a regional medical center nearby and nearness to a metropolitan area were both cited as positive attributes to their choice of practice location. In this community, however, these appear to have resulted in a highly divided medical system. Many of the employed and insured patients in the country prefer to get their medical care in the nearby city. At the same time three separate entities within the community, a federally funded community health center, a county public health unit, and a community hospital, are expected to provide services for the poor and uninsured. The resulting lack of a comprehensive approach to provision of services contributes significantly to the dissatisfaction among providers and to their ultimate retention.

243 NAL Call No: 151.65 P96
Rural community hospitals and factors correlated with their risk of closing.
Mullner, R.M.; Rydman, R.J.; Whiteis, D.G.; Rich, R.F.
Washington, D.C. : Public Health Service.
Public health reports v. 104 (4): p. 315-325; 1989 Jul. Includes references.

Language: English

Descriptors: U.S.A.; Rural areas; Hospitals; Closures; Risks; Variance components; Ownership; Nurses; Skilled labor; Counties; Long term care; Mathematical models

Abstract: The issue of rural hospital closings in the United States in recent years has become of increasing concern to health care policy analysts.

Rural communities face unique health needs, necessitating access to local health care. Much has been written about the social, economic, legislative, and technological changes that have increased the stress on rural hospitals in the 1980s. However, quantifiable models have been lacking with which to examine in detail factors associated with rural hospitals and to correlate such factors with individual hospitals' risks of closing. In this study, we identify variables correlated with rural community hospital closures in the period 1980-87. Using epidemiologic case-control methods, 161 closed rural hospitals were matched 1 to 3 with a control group of 483 rural hospitals which remained open during the same period. A series of hospital performance indicators and demographic, economic, and social community variables were entered into a multiple logistic regression model. Four variables were found to be positively correlated with risk of closure. They are for-profit ownership; nongovernment, not-for-profit ownership; presence of a skilled nursing or other longterm care unit; and the number of other hospitals in the county. Variables negatively correlated with risk of closure were accreditation by the Joint Commission on the Accreditation of Healthcare Organizations, the number of facilities and services, and membership in a multihospital system. Policy and research implications at the Federal, State, and local levels are discussed.

244 **NAL Call No: RA771.A1J68**
The Rural Dental Health Program: the long-range effect of a school-based enriched dental health program on children's oral health.
Bentley, J.M.; Feldman, C.; Oler, J.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (3): p. 231-245; 1989 Jul. Includes references.

Language: English

Descriptors: Pennsylvania; Dental health; Health programs; Rural areas; School children

245 **NAL Call No: RA771.A1J68**
Rural differentials in reimbursement.
Kriebel, S.H.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (2): p. 99; 1989 Apr. Comment on an article by C. Hogan, "Patterns of Travel for Rural Individuals Hospitalized in New York State: Relationships Between Distance, Destination and Case Mix," Journal of Rural Health, v. 4 no. 2, July 1988, p. 29-41. Reply by C. Hogan, p. 99-100.

Language: English

Descriptors: New York; Rural areas; Hospitals; Distance travelled; Destinations; Payment basis; Remittances

246 **NAL Call No: HQ536.M37**
Rural families and health care: refining the knowledge base.
Weinert, C.; Long, K.A.
New York, N.Y. : The Haworth Press.
Marriage and family review v. 15 (1/2): p. 57-75; 1990. In the series analytic: Families in Community Settings: Interdisciplinary Perspectives / edited by D.G. Unger and M.B. Sussman. Includes references.

Language: English

Descriptors: U.S.A.; Health care; Rural population; Health beliefs; Needs assessment; Community health services; Hospitals; Mental health

247 **NAL Call No: 100 AR42F**
Rural health.
Farmer, F.L.
Fayetteville, Ark. : The Station.
Arkansas farm research - Arkansas Agricultural Experiment Station v. 38 (2): p. 7; 1989 Mar.

Language: English

Descriptors: Arkansas; Rural welfare; Health care; Program evaluation; History; Infant mortality; Demography; Hospitals

248 **NAL Call No: A00127**
Rural health: a challenge for medical education. Proceedings of the 1990 invitational symposium, San Antonio, Texas, February 1-3, 1990.
Philadelphia, PA : Hanley & Belfus.
Academic medicine v. 65 (12,suppl.): 130 p.; 1990 Dec.

Language: English

Descriptors: U.S.A.; Health care; Rural areas; Medical education

249 **NAL Call No: A00127**
Rural health: a challenge for medical education. Symposium summary and recommendation for action.
Fickenscher, K.M.
Philadelphia, PA : Hanley & Belfus.
Academic medicine v. 65 (12,suppl.): p. S51-S53;

1990 Dec. Paper presented at the 1990 Invitational Symposium "Rural Health: A Challenge for Medical Education," February 1-3, 1990, San Antonio, Texas. Includes references.

Language: English

Descriptors: U.S.A.; Health care; Rural areas; Medical education

Abstract: The many changes that have affected the health care system over the last decade have had a substantial impact on the rural areas of the nation. These changes include implementation of the prospective payment system, the resource-based reimbursement system for physician services, and a host of other state- and federal-level initiatives in health care. Rural America is also experiencing dynamic changes as part of the globalization of the nations economy. Themes from the symposium include the issue of differences between urban and rural primary care, selection of medical students, continuity of care, funding of graduate medical education, and effective methods of rural physician education, including new uses for technology. The summary analysis recommends that the Association of American Medical Colleges form a task force on rural health and medical education to begin an active dialogue on how medical education can effectively respond to the challenges of rural health during the coming decade.

250 **NAL Call No: Z6675.R9R87 1988**
Rural health abstracts and citations, 1980-1987. (Rural hospitals Indian health care Rural health professionals.)
University of North Dakota, Center for Rural Health Services, Policy, and Research, University of North Dakota, Rural Health Research Center
Grand Forks, N.D. : Center for Rural Health Services, Policy and Research, University of North Dakota, c1988-.
v. ; 28 cm. First edition, August 1988. Title on Part III: Rural health abstracts and citations, 1980-1990. Publisher on Parts II and III is University of North Dakota Rural Health Research Center.

Language: English

Descriptors: Rural health services; Hospitals, Rural; Indians of North America

251 **NAL Call No: KF26.A643 1990**
Rural health aid hearings before a subcommittee of the Committee on Appropriations, United States Senate, One Hundred First Congress, second session : special hearings.
United States. Congress. Senate. Committee on Appropriations. Subcommittee on Agriculture, Rural Development, and Related Agencies
Washington : U.S. G.P.O. : For sale by the Supt. of Docs., Congressional Sales Office, U.S. G.P.O.,.
iii, 89 p. : ill. ; 24 cm. (S. hrg. ; 101-1156).

Language: English

Descriptors: Rural health services; Hospitals, Rural; Federal aid to rural health services

252 **NAL Call No: A00122**
Rural health care: a look to the future.
Caton, L.
St. Louis, MO : Mosby.
Journal of the American Academy of Physician Assistants v. 3 (6): p. 439-441; 1990 Sep. Paper presented at the 19th Annual PA Conference, "Focus on Rural Health," May 25-31, 1991, San Francisco, California.

Language: English

Descriptors: U.S.A.; Health care; Rural areas; Medical services; Access; Occupations

253 **NAL Call No: 275.29 F22**
Rural health care crisis.
Cordes, S.M.
Oak Brook, Ill. : Farm Foundation.
Increasing understanding of public problems and policies. p. 141-153; 1991. Paper presented at the 41st National Public Policy Education Conference, September 15-18, 1991, Omaha, Nebraska. Includes references.

Language: English

Descriptors: U.S.A.; Health care; Rural areas; Health services; Infrastructure; Community development; Economic impact; Supply; Crises

254 **NAL Call No: KF26.F5 1990e**
Rural health care crisis hearings before the Committee on Finance, United States Senate, One Hundred First Congress, second session, June 2, 1990, Sioux Falls and Rapid City, SD.
United States. Congress. Senate. Committee on Finance
Washington : U.S. G.P.O. : For sale by the Supt. of Docs., Congressional Sales Office, U.S. G.P.O.; Y 4.F 49:S.hrg.101-1149.
v, 135 p. : ill., maps ; 24 cm. (S. hrg. ; 101-1149).
Distributed to some depository libraries in microfiche. Shipping list no.: 91-184-P.

Language: English

Descriptors: Medical care; Rural health services; Medical personnel; Medical care, Cost of; Medically uninsured persons

255 NAL Call No: KF26.F558 1989
Rural health care hearing before the Subcommittee on Medicare and Long-Term Care of the Committee on Finance, United States Senate, One Hundred First Congress, first session, May 19, 1989.
United States. Congress. Senate. Committee on Finance. Subcommittee on Medicare and Long-Term Care
Washington [D.C.] : U.S. G.P.O. : For sale by the Supt. of Docs., Congressional Sales Office, U.S. G.P.O.; Y 4.F 49:S.hrg.101-490.
iv, 102 p. ; 24 cm. (S. hrg. ; 101-490). Distributed to some depository libraries in microfiche. Shipping list no.: 90-205-P. Includes bibliographical references (p. 90).

Language: English

Descriptors: Rural health services; United States; Rural aged; Medical care; United States; Medicare; Hosptals, Rural; United States; Finance; Federal aid to rural health services; United States

256 NAL Call No: KF27.S675 1988f
Rural health care hearing before the Subcommittee on Regulation and Business Opportunities of the Committee on Small Business, House of Representatives, One Hundredth Congress, second session, Baker, OR, August 18, 1988.
United States. Congress. House. Committee on Small Business. Subcommittee on Regulation and Business Opportunities
Washington, [D.C.] : U.S. G.P.O. : For sale by the Supt. of Docs., Congressional Sales Office, U.S. G.P.O.,.
iii, 103 p. : 1 map ; 24 cm. Distributed to some depository libraries in microfiche. Serial no. 100-62. Item 1031-A, 1031-B (microfiche).

Language: English

Descriptors: Rural health services; Oregon; Finance; Federal aid to rural health services; Oregon

257 NAL Call No: RA771.5.S44 1989
Rural health care in historical perspective.
Scipp, Conrad,
University of North Carolina at Chapel Hill, Health Services Research Center
Chapel Hill, N.C. : Health Services Research Center, University of North Carolina at Chapel Hill,. 19 leaves ; 28 cm. November 1989. The University of North Carolina Rural Health Research program. ... supported by Grant No. HA-R-000016-02 ... From the Office of Rural Health Policy, Health Resources and Services Administration, Public Health Services Administration, U.S. D.H.H.S. Includes bibliographical references.

Language: English

Descriptors: Rural health services

258 NAL Call No: HC107.A13A6
Rural health care in the 1990s decade of decision and change.
Bishirjian, T.
Washington, D.C. : Appalachian Regional Commission.
Appalachia v. 22 (2): p. 31-37. ill; 1989.

Language: English

Descriptors: U.S.A.; Rural communities; Health care; Structural change; Health care costs; Market competition; Hospitals

259 NAL Call No: KF26.A653 1993
Rural health care mandates for health care reform : hearing before a subcommittee of the Committee on Appropriations, United States Senate, One Hundred Third Congress, first session, special hearing.
United States. Congress. Senate. Committee on Appropriations. Subcommittee on Departments of Labor, Health and Human Services, Education, and Related Agencies
Washington : U.S. G.P.O. : For sale by the U.S. G.P.O., Supt. of Docs., Congressional Sales Office; Y 4.AP 6/2:S.HRG.103-88.
iii, 63 p. ; 23 cm. (S. hrg. ; 103-88). Distributed to some depository libraries in microfiche. Shipping list no.: 93-0402-P.

Language: English

Descriptors: Rural health services; Federal aid to rural health services; Medical care

260 NAL Call No: Z6673.4.C89
Rural health care services in the United States a bibliography.

Crumpler, Kathleen, S.
Monticello, Ill., USA : Vance Bibliographies,.
22 p. ; 28 cm. (Public administration series, bibliography, P 2713). Cover title. August 1989.

Language: English

Descriptors: Rural health services; United States; Bibliography

261 NAL Call No: RA771.6.W4W47 1991
Rural health challenges for the 90's.
West Virginia. Dept. of Health and Human Resources. Rural Health Partnership Task Force
Charlestown, W. Va. : West Virginia Dept. of Health and Human Resources, Office of Health Planning,.
viii, 36 p. : maps ; 28 cm. Cover title. At head of title: West Virginia Department of Health and Human Resources. Final report to Taunja Willis Miller, secretary, West Virginia Department of Health and Human Resources. Chairman, William T. Wallace, commissioner, WV Bureau of Public Health. March 1991.

Language: English

Descriptors: Rural health services

262 NAL Call No: RA771.5.K672 1991
The Rural Health Clinic Services Act a guidebook.
Korn, Kristine; Walker, Mary; Breuer, Sara
Center for Rural Health Initiatives (Tex.)
Austin, TX : Center for Rural Health Initiatives, [1991]-.
1 v. (loose-leaf) ; 30 cm. "A report developed by Health Care Options for Rural Communities, a cooperative project of Texas Rural Communities and the LBJ School of Public Affairs", P. [i]. "Funding provided by a contract with the Center for Rural Health Initiatives", P. [i].

Language: English

Descriptors: Rural health services; Clinics, Rural; Federal aid to rural health services

Abstract: This guidebook is designed to give practical information regarding establishment of rural health clinics under PL 95-210, the Rural Health Clinic Services Act. Subjects covered include an overview of the Act, eligibility requirements, types of rural health clinics, certification requirements and process, clinic services, health professionals, reimbursement, feasibility, and resources and references.

263 NAL Call No: aHN90.C6R873
Rural health funding: a resource guide.
Simmons, L.M.
Beltsville, Md. : The Center.
Rural Information Center publication series v.): 52 p.; 1993 Apr.

Language: English

Descriptors: U.S.A.; Health care; Rural areas; Grants; Information services; Guide books

264 NAL Call No: RA771.G5
Rural health professional shortages legislative strategies.
Gibbens, Brad P.; Olson, Daron
United States,Health Resources and Services Administration, Office of Rural Health Policy, University of North Dakota Rural Health Research Center
Grand Forks, N.D. : U.N.D. Rural Health Research Center,.
66 leaves ; 28 cm. "May, 1990". The U.N.D. Rural Health Research Center is supported by the Office of Rural Health Policy in the Health Resources and Services Administration, U.S. Department of Health & Human Services (Grant No. HAR000004-01, $195,739). Bibliography: leaf 59.

Language: English

Descriptors: Rural health services

265 NAL Call No: Z6675.R9R8
Rural health research compendium 1989.
National Rural Health Association (U.S.),United States, Health Resources and Service Administration, Office of Rural Health Policy
Kansas City, Mo. : National Rural Health Association, [1990?].
154 p. ; 28 cm. Cover title. Funded by the Office of Rural Health Policy. Includes indexes.

Language: English

Descriptors: Rural health; United States; Research; Bibliography; Rural health services; United States; Bibliography

266 NAL Call No: RA771.5.R8
Rural health resources directory 1989.
National Rural Health Care Association (U.S.),United States, Health Resources and Services Administration, Office of Rural Health Policy
Kansas City, Mo. : National Rural Health Association,.
44 p. ; 28 cm. A publication of the Office of Rural

Health Policy, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services. Errata slips inserted. Includes indexes.

Language: English

Descriptors: Rural health; United States; Directories; Rural health services; United States; Directories

267 NAL Call No: RA445.R88
A Rural health services research agenda special issue : Summary of a conference.
National Rural Health Association (U.S.),Foundation for Health Services Research
S.l. : Published bimonthly by Health Administration Press for the Hospital Research and Educational Trust and in cooperation with the Association of University Program in Health Administration,.
xi, p. [725]-1083 : ill., map ; 23 cm. (Health services research ; v.23, no.6). Cover title. February 1989. Errata slip inserted. Includes bibliographical references.

Language: English

Descriptors: Rural health services

268 NAL Call No: RA645.3.H65
Rural home health care workers' attitudes toward the elderly: a replication study.
Weiler, R.M.; Sarvela, P.D.
Binghamton, N.Y. : The Haworth Press.
Home health care services quarterly v. 12 (4): p. 71-80; 1991. Includes references.

Language: English

Descriptors: Illinois; Elderly; Home care; Health care; Rural areas; Attitudes; Careproviders

269 NAL Call No: RA771.A1J68
The rural hospital as a provider of health promotion programs.
Dorresteyn-Stevens, C.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 9 (1): p. 63-67; 1993. Includes references.

Language: English

Descriptors: North Carolina; Hospitals; Rural areas; Health promotion; Health programs; Information; Behavior modification; Target groups; Costs; Program participants

Abstract: Although patient education has always been recognized as an essential function of a hospital, it was not until the health concerns of the nation focused on prevention that hospitals began to develop activities aimed at primarily healthy individuals. Hospital health promotion evolved from patient education about specific diseases to programs focused on modifying of lifestyle practices to prevent future debilitating conditions. Studies conducted in the early 1980s show hospital-based health promotion programs increasing in number and including such target populations as senior citizens, children, business people, and hospital employees. However, the extent of involvement of the rural hospital in offering health promotion programs has not been clearly established. The current study was conducted to determine the status of health promotion programs in rural North Carolina hospitals. Elements considered were types of programs, target audiences, methods of financing, staff use, and availability of specialized facilities for health promotion programs. The results indicate rural hospitals do offer health promotion programs, but their primary focus is on hospital employees. Most programs are offered at low or no cost, making those offered for the community readily accessible. If input from the community is used and programming is aimed at specific health needs of rural populations, the rural hospital could make a significant contribution to an overall primary prevention strategy, lowering community health care costs.

270 NAL Call No: RA975.R87P47 1990
Rural hospital closure one hospital's tactics for survival.
Petit, Leo; Osborne, Diana
University of North Carolina at Chapel Hill, Health Services Research Center, United States, Health Resources and Services Administration, Office of Rural Health Policy
Chapel Hill, NC : Health Services Research Center, University of North Carolina at Chapel Hill, [1990?].
10 leaves ; 28 cm. October 1989. "5/9/90", Leaf 1. The University of North Carolina Rural Health Research program. ... supported by Grant No. HA-R-000016-02, from the Office of Rural Health Policy, Health Resources and Services Administration, Public Health Service, U.S. D.H.H.S. Includes bibliographical references.

Language: English

Descriptors: Hospitals, Rural; Hospital closures

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Abstract: Hospital closures in general, and rural hospitals closures in particular, have received widespread attention from policymakers and the media. Between 1980 and 1987, 364 U.S. community hospitals closed or stopped providing inpatient chronic or acute medical care. There is no single strategy to keep rural hospitals open in the many rural communities which are in danger of losing what is often their only source of medical care and an important component of their local economy. These hospitals do have some problems in common, such as an unfavorable differential in Medicare reimbursement rates between urban and rural areas, small size which often means higher costs and an inability to benefit from economies of large-scale purchasing, and slimmer margins and reserves which make them less able to absorb financial pressures. For example, when presented with a Medicare patient whose cost of care exceeds the amount allowed by Medicare, a small hospital will feel this deficit more keenly, as it has fewer patients over which to spread out and recoup the loss. The following case study of the decisions made by a small, rural hospital in eastern North Carolina illustrates how these institutions must stretch their resources in order to survive.

271 **NAL Call No: RA975.R87G5**
Rural hospital conversion state action.
Gibbens, Brad P.; Ludtke, Richard L.
United States, Health Resources and Services Administration, Office of Rural Health Policy, University of North Dakota Rural Health Research Center
Grand Forks, N.D. : U.N.D. Rural Health Research Center,.
27 leaves ; 28 cm. "January 15, 1990". The U.N.D. Rural Health Research Center is supported by the Office of Rural Health Policy in the Health Resources and Services Administration, U.S. Department of Health & Human Services (Grant No. HAR000004-01; $195,739). Bibliography: leaf 25.

Language: English

Descriptors: Hospitals, Rural

272 **NAL Call No: RA975.R87U54**
Rural hospitals factors that affect risk of closure : report to congressional requesters. (Factors that affect risk of closure.)
United States. General Accounting Office
Washington, D.C. : The Office; GA 1.13:HRD-90-134.
27 p. ; 28 cm. Cover title. June 1990. GAO/HRD-90-134. "B-239983", P. 1. Includes bibliographical references.

Language: English

Descriptors: Hospitals, Rural

273 **NAL Call No: RA975.R87U55 1991**
Rural hospitals federal efforts should target areas where closures would threaten access to care : report to congressional requesters. (Federal efforts should target areas where closures would threaten access to care Rural hospital closures.)
United States. General Accounting Office; United States, General Accounting Office, Human Resources Division
Washington, D.C. : The Office; GA 1.13:HRD-91-41.
83 p. : ill., map ; 28 cm. Cover title. Running title: Rural hospital closures. "Human Resources Division", P. [1]. February 1991. GAO/HRD-91-41. "B-239983", P. [1]. Includes bibliographical references.

Language: English

Descriptors: Rural hospitals; Federal aid to hospitals

274 **NAL Call No: RA771.5.U52**
Rural hospitals federal leadership and targeted programs needed : report to the Chairman, Committee on Appropriations, House of Representatives.
United States. General Accounting Office
Washington, DC : The Office,.
77 p. : ill., maps ; 28 cm. Cover title. June 1990. GAO/HRD-90-67. "B-229962", P. [1]. Includes bibliographical references.

Language: English

Descriptors: Hospitals, Rural

275 **NAL Call No: RA771.A1J68**
A rural hospital's impact on a community's economic health.
Docksen, G.A.; Loewen, R.A.; Strawn, D.A.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 6 (1): p. 53-64; 1990 Jan. Includes references.

Language: English

Descriptors: Oklahoma; Rural areas; Hospitals; Rural economy; Economic situation; Simulation models

276 NAL Call No: RA771.A1J68
Rural hospitals under PPS: a five-year study.
Davis, R.G.; Zeddies, T.C.; Zimmerman, M.K.; McLean, R.A.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 6 (3): p. 286-301; 1990 Jul. Includes references.

Language: English

Descriptors: Kansas; Hospitals; Rural areas; Economic impact; Risk; Economic viability; Profitability; Assets; Liquidity; Capital; Longitudinal studies

Abstract: This research examines the impact of prospective payment (PPS) on the financial performance of Kansas hospitals, which are predominantly rural. Financial ratios are presented and regressed on bed size and year. The data suggest that bed size has the strongest effect on financial viability. There are indications of a delayed effect of PPS on the rural, smallest hospitals (fewer than 25 beds), suggesting that non-operating sources of revenue (local property tax mill levies) are being used to subsidize them in the short term. Small hospitals appear to be delaying all capital and long-term costs to survive. The research suggests that the effect of PPS may be long term.

277 NAL Call No: NBULD3656.5 1992 S8373
Rural hospitals use of strategic adaptation in a changing health care environment.
Sudduth, Ardith Galbreath
1992.
iv, 191 leaves : ill. ; 28 cm. Includes bibliographical references.

Language: English

278 NAL Call No: RA771.5.H3
A rural long-term care system model.
Pomeranz, W.
Washington, D.C. : National Governors' Association.
Health issues in rural America / by Rick Curtis ... [et al.]. p. 41-57. ill; 1988.

Language: English

Descriptors: North Carolina; Rural welfare; Long term care; Models; Elderly; Public services; Population dynamics; Regulations; Health care; Geriatrics

279 NAL Call No: HV85.H85
The rural medical clinic social worker: a pilot project.
Shuttlesworth, G.E.
Cheney, WA : Eastern Washington University.
Human services in the rural environment v. 15 (4): p. 26-29; 1992. Includes references.

Language: English

Descriptors: Texas; Mental health; Community health services; Pilot projects; Rural communities; Social workers

280 NAL Call No: RA771.6.P4R87 1990
Rural Pennsylvania enters the 1990s health care outlook and opportunities.
Center for Rural Pennsylvania
Harrisburg, Pa. (212 Locust St., Ste. 408, Harrisburg 17101) : The Center,.
25 p. : col. ill. ; 28 cm. August 1990.

Language: English

Descriptors: Rural health services

281 NAL Call No: A00127
Rural practice modes.
Holden, D.M.
Philadelphia, PA : Hanley & Belfus.
Academic medicine v. 65 (12,suppl.): p. S32-S50; 1990 Dec. Paper presented at the 1990 Invitational Symposium "Rural Health: A Challenge for Medical Education," February 1-3, 1990, San Antonio, Texas. Commentaries by T.L. Langford, p. S40-S42; D.L. Weaver, p. S43-S44; and E.S. Mayer, p. S45-S50. Includes references.

Language: English

Descriptors: U.S.A.; New York; North Carolina; Health care; Medical services; Rural areas; Specialization; Demography; Recruitment; Rural communities; Support systems; Infrastructure; Patterns; Health education

Abstract: Solo practice is the dominant mode of rural medical care delivery. At the same time, it is the most likely not to succeed, because the solo physician is choosing to leave the rural community. Group family practice is the most stable form of rural practice, is acceptable, and is sought by the majority of family practice residents seeking to establish new practices. Characteristics of successful rural practices include group practice, retention of the same health care providers for more than three years. a community-oriented focus, integration of

non-M.D. health care providers, and a commitment to education within the practice. Academic medical centers with area health education centers (AHECs) should consider developing expanded AHECs to provide the education, planning, consultation, and expertise now needed by rural communities. Academic medical centers without AHECs should consider creating offices of rural health to provide the education, planning, consultation, and expertise needed in rural communities.

282 **NAL Call No: RA771.A1J68**
Rural residence and poor birth outcome in Washington state.
Larson, E.H.; Hart, L.G.; Rosenblatt, R.A.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (3): p. 162-170; 1992. Includes references.

Language: English

Descriptors: Washington; Obstetrics; Health care; Prenatal period; Rural areas; Urban areas; Infant mortality; Low birth weight infants; Risk; Blacks; American indians; Marriage; Age differences; Ethnic groups; Hospitals; Health centers

Abstract: It is often assumed that poor birth outcomes are more common among rural women than urban women, but there is little substantive evidence to that effect. While the effectiveness of rural provider and hospitals has been evaluated in previous studies, this study focuses on poor birth outcome in a population of rural residents, including those who leave rural areas for obstetrical care. Rural arid urban differences in rates of inadequate prenatal care, neonatal death, and low birth weight were examined in the general population and in subpopulations stratified by risk and race using data from five years (1984-88) of birth and infant death certificates from Washington state. Also examined were care and outcome differences between rural women delivering in rural hospitals and those delivering in urban facilities. Bivariate analyses were confirmed with logistic regression. Results indicate that rural residents in the general population and in various subpopulations had similar or lower rates of poor outcome than did urban residents but experienced higher rates of inadequate prenatal care than did urban residents. Rural residents delivering in urban hospitals had higher rates of poor outcomes than those delivering in rural hospitals. We conclude that rural residence is not associated with greater risk of poor birth outcome. White and nonwhite differences appear to exceed any rural and urban resident differences in rates of poor birth outcome.

283 **NAL Call No: Z675.V7R8**
Rural residents and health information.
Drukenbrod, E.C.
Clarion, Pa. : Center for the Study of Rural Librarianship, Clarion University of Pennsylvania.
Rural libraries v. 13 (1): p. 35-51; 1993. Includes references.

Language: English

Descriptors: U.S.A.; Health; Information; Information services; Rural areas; Libraries

284 **NAL Call No: RA771.A2R87 1990**
A Rural resources special focus report training physicians for rural health careers in New York State : proceedings of a symposium held November 9 and 10, 1989, Buffalo, New York. (Training physicians for rural health careers in New York State.)
Cook, Charles D.,1935-; Rosenthal, Thomas C.
State University of New York at Buffalo, Dept. of Family Medicine, New York (State), Legislature, Legislative Commission on Rural Resources
Albany, N.Y. : The Commission; LEG,373.3-4,RURRS,92-11141.
46 p. : ill., maps ; 28 cm. September 1990. Conference chairman: Senator Charles D. Cook; editor: Thomas C. Rosenthal ... Includes bibliographical references.

Language: English

Descriptors: Rural health services; Medical students; Physicians

285 **NAL Call No: RA771.5.F56**
The rural route to health care capital financing.
Maram, B.S.; La Mothe, E.M.
New York : Praeger.
Financing rural health care / edited by LaVonne Straub and Norman Walzer. p. 175-190; 1988. Includes references.

Language: English

Descriptors: U.S.A.; Rural communities; Health care; Capital formation; Finance; Hospitals

286 **NAL Call No: RA771.A1J68**
Rurality and prescription drug utilization among the elderly: an archival study.
Lago, D.; Stuart, B.; Ahern, F.

Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 9 (1): p. 6-16; 1993. Includes references.

Language: English

Descriptors: Pennsylvania; Prescriptions; Drugs; Elderly; Rural areas; Urban areas; Health care; Health services; Demography; Geographical distribution; Health insurance; Longitudinal studies

Abstract: Despite documentation that rural elderly have reduced access to both primary care and specialist physician services, there have been very few studies comparing rural and urban patterns of prescription drug use. This is unfortunate, because prescription drugs are the most commonly used type of health care by the elderly. This research merged claims data for a random sample of 18,641 enrolled elderly in the Pennsylvania Pharmaceutical Assistance Contract for the Elderly (PACE) for the years 1984 through 1988 with Medicare inpatient and outpatient health services records and with county-level demographic and health services resources data bases to test several models of factors associated with prescription drug use. The Human Resources Profile County Code from 1980 census data (HRPCC80) in the Area Resource File provided a very detailed (10 levels) definition of rurality. Consistent with our hypotheses based on preliminary studies, neither rurality designations nor county-level health care resource indices, nor interaction terms of health services resources with rurality were powerful predictors of prescription drug use. Use of health services (from Medicare data) and variables of longevity and continuity in the PACE program were consistently robust predictors of prescription drug use. Personal demographic characteristics were also strong predictors: white widowed women under age 85 with relatively higher incomes used more prescription drugs.

287 **NAL Call No: RA771.A1J68**
Rural-urban differences in stigma and the use of care for depressive disorders.
Rost, K.; Smith, G.R.; Taylor, J.L.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 9 (1): p. 57-62; 1993. Includes references.

Language: English

Descriptors: U.S.A.; Depression; Mental health; Health care; Psychotherapy; Rural population; Urban population; Perception; Attitudes

Abstract: Stigma may be a particularly important barrier to mental health care in rural communities where lack of anonymity increases the probability that someone who seeks care will be labeled "crazy." This study examined rural-urban differences in the stigma associated with depressive symptoms and the stigma associated with seeking treatment for depressive disorders. In addition, the study compared how the stigma associated with seeking treatment predicted use of care in rural and urban residents with a history of depressive symptoms. Two hundred subjects from metropolitan and adjacent non-metropolitan counties rated one of four randomly selected vignettes using 14-point semantic differential scales. The findings indicated that rural residents with a history of depressive symptoms labeled people who sought professional help for the disorder somewhat more negatively than their urban counterparts. Logistic models controlling for sociodemographic characteristics demonstrated that the more negative the labeling, the less likely depressed rural residents were to have sought professional help. Labeling was not associated with use of care among urban people with depressive symptoms. We concluded that prospective studies are warranted to inform the development of interventions to decrease the stigma associated with seeking treatment for depressive disorders in rural communities.

288 **NAL Call No: HT401.S72**
Saving lives and reducing injuries in remote rural areas.
Patel, D.
Mississippi State, Miss. : The Center.
SRDC series - Southern Rural Development Center (135): p. 34-43; 1990 Sep. Paper presented at the regional conference "Community Strategies for Tomorrow's Local Infrastructure," May 1-3, 1990, Birmingham, Alabama. Includes references.

Language: English

Descriptors: Oklahoma; Medical services; Emergencies; Rural areas; Community programs; Program development

289 **NAL Call No: LC5146.R87**
Secondary disabilities among American Indians in Montana.
Clay, J.A.; Seekins, T.; Cowie, C.
Las Cruces, NM : New Mexico State University.

Rural special education quarterly v. 11 (2): p. 20-25; 1992. Includes references.

Language: English

Descriptors: Montana; American indians; Handicapped persons; Tribal society; Health care; Health services; Rural communities; Reserved areas; Regional surveys

290 **NAL Call No: RA771.A1J68**
Self-care and illness response behaviors in a frontier area.
Bartlome, J.A.; Bartlome, P.; Bradham, D.D.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (1): p. 4-12; 1992. Includes references.

Language: English

Descriptors: Idaho; Self care; Adults; Health; Illness; Wellness; Medicine; Physicians; Health services; Rural areas; Attitudes; Age differences; Sex differences; Academic achievement; Family size; Marriage; Household income; Geographical distribution

Abstract: Self-care and illness response to a recent medical event were examined based on a mailed questionnaire to a random sample of 416 adults in a frontier area in north-central Idaho. A total of 494 questionnaires were returned (45% response rate), and 78 were eliminated. Self-care behaviors were classified as: (1) waiting to see what would happen, (2) purchasing or taking a nonprescription medication, (3) taking a prescription medication that was on hand, (4) taking both a prescription and a nonprescription medication, (5) contacting a physician, and (6) going to a hospital. These six variables were classified into three intervention constructs of no intervention (waiting), informal intervention (self-medicating), and formal intervention (contacting a health care professional). Fifty-six percent of the respondents reported self-medicating behaviors. Correlation analysis indicated that initial self-care and illness response behaviors in this frontier area were generally appropriate. Three multiple discriminant models were tested to differentiate those people who waited, self-medicated, and contacted formal providers from those who did not. A significant model could not discriminate between those who waited and those who did not. Models for self-medicating and contracting formal providers correctly classified cases 60 to 70 percent of the time. The analyses indicate that self-medicating was more likely to be reported by younger individuals, by those who lived further from the hospital, who perceived their health status to be better, who reported less satisfaction with community health care services, and that the self-medicating was appropriate.

291 **NAL Call No: 281.9 M5842**
Shifts in hospital services and resource use to metropolitan areas in Michigan and the East North Central States, 1980 to 1987.
Stevens, R.D.
East Lansing, Mich. : The Department.
Agricultural economics report - Michigan State University, Department of Agricultural Economics (526): 42 p.; 1989 Jul. Includes references.

Language: English

Descriptors: Michigan; North central states of U.S.A.; Hospitals; Medical services; Rural communities; Urban areas; Statistical data; Trends; Legislation

292 **NAL Call No: 281.9 M5842**
Shifts of hospital services from rural areas in the North Central States, 1980-1988: cost and equity issues.
Stevens, R.D.
East Lansing, Mich. : The Department.
Agricultural economics report - Michigan State University, Department of Agricultural Economics (540): 10 p.; 1990 Jul. Includes references.

Language: English

Descriptors: North central states of U.S.A.; Hospitals; Medical services; Rural areas; Rural urban relations; Trends; Statistical data; Cost analysis

293 **NAL Call No: RA771.A1J68**
Small rural hospitals with long-term care: 1983 to 1987.
Beaulieu, J.E.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (2): p. 121-127; 1992. Includes references.

Language: English

Descriptors: U.S.A.; Hospitals; Rural areas; Long term care; Longitudinal studies

294 **NAL Call No: TX341.J6**
A southwestern "Health Heart" cookbook.

Harris, M.B.; Koehler, K.M.; Baldwin, R.; Davis, S.M.; Tso, H.; Ford, V.L.
Baltimore, Md. : Williams & Wilkins.
Journal of nutrition education v. 23 (2): p. 82A-82B. ill; 1991 Mar. Includes references.

Language: English

Descriptors: Western states of U.S.A.; Nutrition education; Curriculum; Behavior change; Eating patterns; Children's cookbooks; Food preparation; Rural areas; Ethnic foods; Cardiovascular diseases; Recipes

Abstract: An important part of any school nutrition program is getting the students involved and interested, so that they see the relevance of the curriculum to their own lives. In order to involve both students and their families in making changes in their eating habits, the authors developed a cookbook that emphasized the use of heart-healthy Southwestern foods.

295 **NAL Call No: A00135**
State government policies and rural hospitals: facilitating change.
Mueller, K.J.
Urbana, Ill. : Policy Studies Organization, University of Illinois.
Policy studies journal v. 20 (2): p. 168-181; 1992. This publication is not regularly received by the National Agricultural Library. It is part of a special holding of items indexed through special requests. Includes references.

Language: English

Descriptors: U.S.A.; Hospitals; Rural areas; State government; Legislation; Debt; Medicare; Economic policy; Data collection; Statistical analysis; Structural change

296 **NAL Call No: HT401.S72**
State legislation for funding of rural emergency medical services.
Kleinholz, S.B.; Doeksen, G.A.
Mississippi State, Miss. : The Center.
SRDC series - Southern Rural Development Center (159): p. 13-24; 1992 Jun. In the series analytic: Rural Health Services.

Language: English

Descriptors: U.S.A.; Health care; Medical services; Emergencies; State government; Legislation; Support measures; Surveys

297 **NAL Call No: HT401.S72**
State policies and programs for physicians.
Reinheimer, R.
Mississippi State, Miss. : The Center.
SRDC series - Southern Rural Development Center (159): p. 9-12; 1992 Jun. In the series analytic: Rural Health Services. Includes references.

Language: English

Descriptors: U.S.A.; Southern states of U.S.A.; Physicians; Rural areas; Supply; Distribution; Recruitment; Programs; Loans; Repayment; Educational grants; State government

298 **NAL Call No: RA771.5.G52 1991**
State rural health policy advocacy models.
Gibbens, Brad P.
United States, Health Resources and Services Administration, Office of Rural Health Policy, University of North Dakota, Rural Health Research Center
Grand Forks, N.D. : University of North Dakota Rural Health Center, Center for Rural Health, University of North Dakota School of Medicine, [1991?].
iii, 68 p. ; 28 cm. The U.N.D. Rural Health Research Center is supported by the Office of Rural Health Policy in the Health Resources and Services Administration, U.S. Department of Health & Human Services (Grant No. HAR000003-03). June, 1991. Includes bibliographical references (p. 37).

Language: English

Descriptors: Rural health services

299 **NAL Call No: R729.5.R87W44 1991**
A status report on rural health in Oregon.
Whitaker, Karen
Oregon : Office of Rural Health, Oregon Health Sciences University, [1991?].
12 leaves : ill. ; 28 cm. Cover title. September 1991.

Language: English

Descriptors: Medicine, Rural; Medical personnel; Physicians; Rural health services

300 **NAL Call No: RA771.A1J68**
Strategies for promoting a viable rural health care system.
Moscovice, I.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (3): p. 216-230;

1989 Jul. Includes references.

Language: English

Descriptors: U.S.A.; Rural areas; Health care; Health programs; Models; Hospitals

301 NAL Call No: RA771.A1J68
The structure and characteristics of rural hospital consortia.
Moscovice, I.; Johnson, J.; Finch, M.; Grogan, C.; Kralewski, J.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (5): p. 575-588; 1991. In series analytic: Issues in the structure, financing, and viability of rural hospitals. Includes references.

Language: English

Descriptors: U.S.A.; Community health services; Hospitals; Rural communities; Consortia; Characteristics

302 NAL Call No: RA771.A1J68
A subsidized perinatal care program in a rural Colorado county.
Main, D.S.; Tressler, C.J.; Calonge, N.; Joffe, L.; Robichaux, A.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (4): p. 397-403; 1989 Oct. Includes references.

Language: English

Descriptors: Colorado; Rural areas; Health care; Health programs; Countries; Subsidies; Parturition

303 NAL Call No: HV85.H85
Technical assistance consultation with community support programs in rural settings.
Sullivan, W.P.
Knoxville, Tenn. : School of Social Work, University of Tennessee.
Human services in the rural environment v. 14 (2): p. 23-28; 1990. Includes references.

Language: English

Descriptors: Kansas; Mental health; Community programs; Rural communities; History; Technical aid; Program development; Long term care

304 NAL Call No: 500 N484
Telecommunications in rural America. Opportunities and challenges for the health care system.
Paskin, D.S.
New York, N.Y. : The Academy.
Annals of the New York Academy of Sciences v. 670: p. 67-75; 1992. In the series analytic: Extended clinical consulting by hospital computer networks / edited by D.F. Parsons, C.M. Fleischer, and R.A. Greenes.

Language: English

Descriptors: U.S.A.; Health care; Problem solving; Rural communities; Telecommunications

305 NAL Call No: RA771.6.T4T49 1992
Texas rural health chartbook.
Center for Rural Health Initiatives (Tex.),Texas, Dept. of Health, Texas, Bureau of State Health Data & Policy Analysis
Austin, Tex. : Center for Rural Health Initiatives : Texas Dept. of Health, Bureau of State Health Data and Policy Analysis; H852.8 R88hc.
vi, 68 p. : ill., maps ; 28 cm.

Language: English

Descriptors: Rural health services; Rural health; Rural hospitals; Rural development

306 NAL Call No: RA771.A1J68
A three-tier model for the delivery of rural obstetrical care using a nurse midwife and family physician copractice.
Hueston, W.; Murry, M.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 8 (4): p. 283-290; 1992. Includes references.

Language: English

Descriptors: Kentucky; Obstetrics; Health care; Midwives; Physicians; Cooperation; Support systems; Rural areas

Abstract: To meet the needs of a large indigent rural population, a rural regional referral hospital in northeastern Kentucky developed a maternity program that utilizes nurse midwives and family physicians as the primary medical providers with support from obstetricians. After five years, the number of deliveries at the hospital has increased almost 30 percent, and the maternity center is now responsible for more than 70 percent of all deliveries at the medical center. Accounting for the large increase in the number of deliveries is an increasing number of women from surrounding areas who now utilize the maternity center and the hospital for their obstetric care. During the same

time, there has been a corresponding decrease in deliveries to women with no prior prenatal care and a shift toward obtaining earlier prenatal care in the hospital service population. Results of the study suggest that combining the skills of nurse midwives and family physicians with surgical backup provided by a consulting obstetrician is an effective means of meeting the health care needs of an indigent, underserved rural population.

307 NAL Call No: RA975.R87T7
Trends in hospital-based nurses in rural areas, 1981-1986. (Trends in hospital based nurses in rural areas, 1981-1986.)
Dunkin, Jeri W.
United States, Health Resources and Services Administration, Office of Rural Health Policy, University of North Dakota Rural Health Research Center
Grand Forks, N.D. : U.N.D. Rural Health Research Center,.
21 leaves ; 28 cm. The U.N.D. Rural Health Research Center is supported by the Office of Rural Health Policy in the Health Resources and Services Administration, U.S. Department of Health and Human Services. "February, 1990". Bibliography: leaf 13.

Language: English

Descriptors: Hospitals, Rural; Nurses

308 NAL Call No: HC107.A13A6
UAB and community colleges.
Baldwin, F.
Washington, D.C. : Appalachian Regional Commission.
Appalachia v. 24 (3): p. 12-17; 1991. Includes references.

Language: English

Descriptors: Alabama; Health care; Rural communities; College programs; Universities; Medical services

309 NAL Call No: RA771.A1J68
A university rural teaching practice: A model for collaboration in rural health care.
Rosenthal, T.C.; Bissonette, R.; Holden, D.M.; Brunelle, T.
Burlington, Vt. : Journal of Rural Health.
The Journal of rural health v. 5 (2): p. 103-112; 1989 Apr. Includes references.

Language: English

Descriptors: New York; Rural areas; Health care; Medical services; Teaching; Training; Finance; Universities

310 NAL Call No: HV85.H85
Use of community-based social services by older rural and urban blacks: an exploratory study.
Spence, S.A.
Cheney, WA : Eastern Washington University.
Human services in the rural environment v. 15 (4): p. 16-19; 1992. Includes references.

Language: English

Descriptors: Florida; Blacks; Elderly; Social services; Rural areas; Urban areas; Community health services; Demography

311 NAL Call No: RA771.A1J68
Utilizing cooperative extension services to meet rural health needs.
Halpert, B.P.; Sharp, T.S.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (1): p. 23-29; 1991. Includes references.

Language: English

Descriptors: U.S.A.; Health services; Rural areas; Cooperative extension service; Support systems; Cooperation; Health programs; Health care

312 NAL Call No: RA771.A1J68
The WAMI Rural Hospital Project. 1. Historical and theoretical underpinnings.
Rosenblatt, R.A.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (5): p. 473-491; 1991. In series analytic: Issues in the structure, financing, and viability of rural hospitals. Includes references.

Language: English

Descriptors: Washington; Alaska; Montana; Idaho; Community health services; Hospitals; Rural communities; Health care; Quality; Management

313 NAL Call No: RA771.A1J68
The WAMI Rural Hospital Project. 2. Changes in the availability and utilization of health services.
Lishner, D.M.; Amundson, B.A.; Hart, L.G.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (5): p. 492-510;

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1991. In series analytic: Issues in the structure, financing, and viability of rural hospitals. Includes references.

Language: English

Descriptors: Washington; Alaska; Montana; Idaho; Community health services; Health care; Hospitals; Rural communities; Resource utilization; Change

314 NAL Call No: RA771.A1J68
The WAMI Rural Hospital Project. 3. Building health care leadership in rural communities.
Elder, W.G.; Amundson, B.A.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (5): p. 511-525; 1991. In series analytic: Issues in the structure, financing, and viability of rural hospitals. Includes references.

Language: English

Descriptors: Washington; Alaska; Montana; Idaho; Community health services; Health care; Hospitals; Rural communities; Leadership; Organizational development; Community development; Planning

315 NAL Call No: RA771.A1J68
The WAMI Rural Hospital Project. 4. Improving the financial Health of rural hospitals.
Riley, K.K.; Elder, W.G.
Kansas City, Mo. : National Rural Health Association.
The Journal of rural health v. 7 (5): p. 526-541; 1991. In series analytic: Issues in the structure, financing, and viability of rural hospitals. Includes references.

Language: English

Descriptors: Washington; Alaska; Montana; Idaho; Community health services; Health care; Hospitals; Rural communities; Finance; Management; Financial planning

316 NAL Call No: RA771.A1J68
The WAMI Rural Hospital Project. 5. Community perception of local health care services.
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Language: English

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Language: English

Descriptors: California; Health care; Health services; Rural areas; Identification; Rural population

Abstract: Over the past decade national policymakers have grappled with the increasingly difficult issue of implementing programs which sustain the viability of the rural health care system. The set of problems that are of major concern to these decisionmakers include: (1) the shifts in the utilization patterns away from the rural health care delivery system; (2) the impact of modification in the health care reimbursement system which disproportionately favors urban health systems; and, (3) the continuing difficulty in affecting the disproportionate supply of health providers in urban areas compared to rural settings. The complex nature of health services research demands a multidisciplinary approach especially on sociocultural problems such as rural health delivery. Effective analysis in health care crosses many disciplinary boundaries such as medicine, nutrition, economics, sociology, and public health among others disciplines. A major concern to many of these rural health research analysts is the ad hoc treatment of the rural populace in federal and state health policy decisionmaking. The key to understanding the variance in treatment of rural health can be appreciated by reviewing the accuracy of rural definitions. In the present study, a refined rural definition is proposed which will assist research analysts in providing greater information on the distribution of rural health care services. A preliminary analysis of the proposed definitions indicates that a more precise measurement of rural provides greater accuracy in determining the medical needs of rural areas. Adaptation of the concept will benefit the decisionmaking process through improvements in the methodological approach to rural health research. State legislators, regional and state planning agencies, federal funding agencies, foundations, and other programs involved in support of rural life program will be better able to assess the impact of programs through use of the new definition.

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